

## **CHAPTER I APPENDIX**

### **TABLE OF CONTENTS**

<b>Appendix I-B-1</b>	<b>Annual Income Calculation Sheet</b>
<b>Appendix I-B-2</b>	<b>Single Family Home Purchase Price Value Limits Section 203(b) for 2001</b>
<b>Appendix I-B-3</b>	<b>2000 HOME Rents</b>
<b>Appendix I-B-4</b>	<b>Pre-Disbursement and Special Conditions Troubleshooting References</b>
<b>Appendix I-C-1</b>	<b>Subsidy Limits per Unit - 221(d)(3)</b>
<b>Appendix I-C-2</b>	<b>Subsidy Layering and Financial Analysis Review Check sheet and Certification</b>
<b>Appendix I-D-1</b>	<b>Project Set-Up Tips for Completing Forms References</b>
<b>Appendix I-D-2</b>	<b>Payee Data Record (STD 204)</b>
<b>Appendix I-D-3</b>	<b>Homeownership Assistance/Rental Housing Project Set-up Report (Form HUD-40094)</b>
<b>Appendix I-D-4</b>	<b>TBRA Project Set-up Report (Form HUD-40095)</b>
<b>Appendix I-D-5</b>	<b>Project Funding Source Detail (HOME-3)</b>
<b>Appendix I-E-1</b>	<b>Disbursing Funds Tips for Completing Forms Troubleshooting Sample Letter Requesting a Designating Payee References</b>
<b>Appendix I-E-2</b>	<b>Administrative Draw Down Request Form (HOME-4)</b>
<b>Appendix I-E-3</b>	<b>Project Draw Down Request Form (HOME-5)</b>

## **Chapter I Appendix Table of Contents**

<b>Appendix I-G-1</b>	<b>Quarterly Performance Report (HOME-2)</b>
<b>Appendix I-H-1</b>	<b>Homeownership Project Completion Report (Form HUD-40096)</b>
<b>Appendix I-H-2</b>	<b>Multiple-unit Homeownership Project Completion Report (Form HUD-40096M)</b>
<b>Appendix I-H-3</b>	<b>Rental Housing Project Completion Report (Form HUD-40097)</b>
<b>Appendix I-H-4</b>	<b>Addendum to Project Completion Report (HOME-6)</b>
<b>Appendix I-H-5</b>	<b>Project Completion Report References</b>
<b>Appendix I-J-1</b>	<b>Table of Record-keeping Requirements by Type of Activity</b>

**FORMAT FOR CALCULATING ANNUAL INCOME**

1. Name		2. Identification			
<b>ASSETS</b>					
Family Member		Assest Description		Current Cash Value Assets	Actual Income From Assets
3. Net Cash Value of Assests		3			
4. Total Actual Income from Assets					4
5. If line 3 is greater than \$5,000, multiply line by _____ (Passbook Rate) and enter results here: otherwise leave bank					5
<b>ANTICIPATED ANNUAL INCOME</b>					
Family Members	a.Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e.Asset Income
					Enter the greater of lines 4 or 5 from above in e.
6. Totals	a.	b.	c.	d.	e
7. Enter total of items from 6a through 6e This is Annual Income					7

**2002 HOME Program**  
**Maximum Purchase Price/After-Rehab Value Limits**  
**(revised 1/02)**

<b>County Name</b>	<b>One-Family</b>	<b>Two-Family</b>	<b>Three-Family</b>	<b>Four-Family</b>	<b>Last Updated</b>
ALAMEDA	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
ALPINE	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
AMADOR	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
BUTTE	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
CALAVERAS	\$151,050	\$184,752	\$223,296	\$277,512	Jan 1 2002
COLUSA	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
CONTRA COSTA	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
DEL NORTE	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
EL DORADO	\$253,650	\$285,690	\$347,100	\$400,500	Jan 1 2002
FRESNO	\$146,550	\$184,752	\$223,296	\$277,512	Jan 1 2002
GLENN	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
HUMBOLDT	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
IMPERIAL	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
INYO	\$161,500	\$184,752	\$223,296	\$277,512	Jan 1 2002
KERN	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
KINGS	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
LAKE	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
LASSEN	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
LOS ANGELES	\$237,500	\$267,500	\$325,000	\$379,842	Jan 1 2002
MADERA	\$146,550	\$184,752	\$223,296	\$277,512	Jan 1 2002
MARIN	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
MARIPOSA	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
MENDOCINO	\$175,750	\$197,950	\$240,500	\$277,512	Jan 1 2002
MERCED	\$161,500	\$184,752	\$223,296	\$277,512	Jan 1 2002
MODOC	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
MONO	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
MONTEREY	\$261,609	\$334,863	\$404,724	\$495,000	Jan 1 2002
NAPA	\$261,609	\$334,863	\$404,724	\$472,500	Jan 1 2002

NEVADA	\$237,500	\$267,500	\$325,000	\$375,000	Jan 1 2002
ORANGE	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
PLACER	\$253,650	\$285,690	\$347,100	\$400,500	Jan 1 2002
PLUMAS	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
RIVERSIDE	\$183,350	\$206,510	\$250,900	\$292,800	Jan 1 2002
SACRAMENTO	\$253,650	\$285,690	\$347,100	\$400,500	Jan 1 2002
SAN BENITO	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
SAN BERNARDINO	\$183,350	\$206,510	\$250,900	\$292,800	Jan 1 2002
SAN DIEGO	\$261,609	\$334,054	\$404,724	\$468,300	Jan 1 2002
SAN FRANCISCO	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
SAN JOAQUIN	\$261,609	\$302,275	\$367,250	\$423,750	Jan 1 2002
SAN LUIS OBISPO	\$261,609	\$315,650	\$383,500	\$442,500	Jan 1 2002
SAN MATEO	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
SANTA BARBARA	\$261,609	\$334,863	\$404,724	\$502,500	Jan 1 2002
SANTA CLARA	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
SANTA CRUZ	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
SHASTA	\$152,362	\$194,850	\$235,550	\$292,800	Jan 1 2002
SIERRA	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
SISKIYOU	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
SOLANO	\$261,609	\$334,863	\$404,724	\$472,500	Jan 1 2002
SONOMA	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
STANISLAUS	\$174,450	\$196,485	\$238,721	\$277,512	Jan 1 2002
SUTTER	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
TEHAMA	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
TRINITY	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
TULARE	\$146,550	\$184,752	\$223,296	\$277,512	Jan 1 2002
TUOLUMNE	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002
VENTURA	\$261,609	\$315,650	\$383,500	\$442,500	Jan 1 2002
YOLO	\$209,950	\$236,470	\$287,300	\$331,500	Jan 1 2002
YUBA	\$144,336	\$184,752	\$223,296	\$277,512	Jan 1 2002

STATE : CALIFORNIA

		---- JANUARY 2002 H O M E P R O G R A M R E N T S ----						
PROGRAM		EFFICIENCY	1-BEDROOM	2-BEDROOM	3-BEDROOM	4-BEDROOM	5-BEDROOM	6-BEDROOM
MSA	: Bakersfield, CA							
	LOW HOME RENT LIMIT	352	377	453	523	583	645	705
	HIGH HOME RENT LIMIT	386	433	544	647	702	756	811
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	386	433	544	756	837	962	1088
	50% RENT LIMIT	352	377	453	523	583	645	705
	65% RENT LIMIT	438	471	566	647	702	756	811
MSA	: Chico-Paradise, CA							
	LOW HOME RENT LIMIT	342	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	353	454	551	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	353	454	604	828	990	1138	1286
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786
MSA	: Fresno, CA							
	LOW HOME RENT LIMIT	352	377	453	523	583	645	705
	HIGH HOME RENT LIMIT	400	448	535	647	702	756	811
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	400	448	535	745	859	987	1116
	50% RENT LIMIT	352	377	453	523	583	645	705
	65% RENT LIMIT	438	471	566	647	702	756	811
PMSA	: Los Angeles-Long Beach, CA							
	LOW HOME RENT LIMIT	482	516	620	716	798	881	964
	HIGH HOME RENT LIMIT	543	650	784	897	981	1063	1147
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	543	650	823	1110	1325	1523	1722
	50% RENT LIMIT	482	516	620	716	798	881	964
	65% RENT LIMIT	606	651	784	897	981	1063	1147
MSA	: Merced, CA							
	LOW HOME RENT LIMIT	345	369	443	512	571	630	689
	HIGH HOME RENT LIMIT	421	460	554	631	685	737	790
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	421	475	576	797	940	1081	1221
	50% RENT LIMIT	345	369	443	512	571	630	689
	65% RENT LIMIT	428	460	554	631	685	737	790
MSA	: Modesto, CA							
	LOW HOME RENT LIMIT	407	436	523	604	673	744	813
	HIGH HOME RENT LIMIT	500	537	655	751	818	885	951
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	500	537	655	913	1077	1238	1400
	50% RENT LIMIT	407	436	523	604	673	744	813
	65% RENT LIMIT	508	546	658	751	818	885	951

STATE : CALIFORNIA

		----- JANUARY 2002 H O M E P R O G R A M R E N T S -----						
PROGRAM		EFFICIENCY	1-BEDROOM	2-BEDROOM	3-BEDROOM	4-BEDROOM	5-BEDROOM	6-BEDROOM
PMSA	: Oakland, CA							
	LOW HOME RENT LIMIT	652	698	838	968	1080	1191	1303
	HIGH HOME RENT LIMIT	819	888	1068	1224	1346	1467	1588
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	819	991	1243	1704	2035	2340	2645
	50% RENT LIMIT	652	698	838	968	1080	1191	1303
	65% RENT LIMIT	827	888	1068	1224	1346	1467	1588
PMSA	: Orange County, CA							
	LOW HOME RENT LIMIT	661	708	850	982	1096	1209	1323
	HIGH HOME RENT LIMIT	812	887	1084	1243	1367	1490	1614
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	812	887	1097	1527	1699	1953	2208
	50% RENT LIMIT	661	708	850	982	1096	1209	1323
	65% RENT LIMIT	840	901	1084	1243	1367	1490	1614
MSA	: Redding, CA							
	LOW HOME RENT LIMIT	342	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	400	444	551	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	400	444	557	773	910	1046	1182
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786
PMSA	: Riverside-San Bernardino, CA							
	LOW HOME RENT LIMIT	440	471	566	653	728	805	880
	HIGH HOME RENT LIMIT	482	537	656	816	891	964	1038
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	482	537	656	910	1076	1237	1398
	50% RENT LIMIT	440	471	566	653	728	805	880
	65% RENT LIMIT	552	593	713	816	891	964	1038
PMSA	: Sacramento, CA							
	LOW HOME RENT LIMIT	501	536	645	745	831	916	1002
	HIGH HOME RENT LIMIT	503	566	709	934	1022	1109	1197
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	503	566	709	983	1159	1332	1506
	50% RENT LIMIT	501	536	645	745	831	916	1002
	65% RENT LIMIT	631	678	815	934	1022	1109	1197
MSA	: Salinas, CA							
	LOW HOME RENT LIMIT	471	504	605	699	780	860	941
	HIGH HOME RENT LIMIT	567	636	764	874	956	1036	1117
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	567	663	800	1111	1166	1340	1515
	50% RENT LIMIT	471	504	605	699	780	860	941
	65% RENT LIMIT	592	636	764	874	956	1036	1117

STATE : CALIFORNIA

		----- JANUARY 2002 H O M E P R O G R A M R E N T S -----						
PROGRAM		EFFICIENCY	1-BEDROOM	2-BEDROOM	3-BEDROOM	4-BEDROOM	5-BEDROOM	6-BEDROOM
MSA	: San Diego, CA							
	LOW HOME RENT LIMIT	526	563	676	781	871	961	1051
	HIGH HOME RENT LIMIT	663	712	856	981	1075	1168	1260
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	708	809	1012	1408	1660	1909	2157
	50% RENT LIMIT	526	563	676	781	871	961	1051
	65% RENT LIMIT	663	712	856	981	1075	1168	1260
PMSA	: San Francisco, CA							
	LOW HOME RENT LIMIT	891	954	1145	1323	1476	1628	1781
	HIGH HOME RENT LIMIT	1067	1220	1466	1686	1861	2035	2209
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	1067	1382	1747	2396	2536	2916	3296
	50% RENT LIMIT	891	954	1145	1323	1476	1628	1781
	65% RENT LIMIT	1137	1220	1466	1686	1861	2035	2209
PMSA	: San Jose, CA							
	LOW HOME RENT LIMIT	840	900	1080	1248	1392	1535	1680
	HIGH HOME RENT LIMIT	1035	1110	1335	1534	1691	1848	2004
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	1131	1289	1592	2182	2451	2818	3186
	50% RENT LIMIT	840	900	1080	1248	1392	1535	1680
	65% RENT LIMIT	1035	1110	1335	1534	1691	1848	2004
MSA	: San Luis Obispo-Atascadero-Paso Robles, CA							
	LOW HOME RENT LIMIT	440	471	566	653	728	805	880
	HIGH HOME RENT LIMIT	552	593	713	816	891	964	1038
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	584	659	836	1162	1372	1577	1783
	50% RENT LIMIT	440	471	566	653	728	805	880
	65% RENT LIMIT	552	593	713	816	891	964	1038
MSA	: Santa Barbara-Santa Maria-Lompoc, CA							
	LOW HOME RENT LIMIT	497	532	638	738	823	908	994
	HIGH HOME RENT LIMIT	626	672	809	925	1013	1099	1185
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	660	732	928	1293	1460	1679	1897
	50% RENT LIMIT	497	532	638	738	823	908	994
	65% RENT LIMIT	626	672	809	925	1013	1099	1185
PMSA	: Santa Cruz-Watsonville, CA							
	LOW HOME RENT LIMIT	603	646	776	896	1000	1104	1207
	HIGH HOME RENT LIMIT	739	821	986	1132	1242	1353	1463
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	739	880	1175	1634	1914	2201	2488
	50% RENT LIMIT	603	646	776	896	1000	1104	1207
	65% RENT LIMIT	765	821	986	1132	1242	1353	1463



STATE : CALIFORNIA

		---- JANUARY 2002 H O M E P R O G R A M R E N T S ----						
PROGRAM		EFFICIENCY	1-BEDROOM	2-BEDROOM	3-BEDROOM	4-BEDROOM	5-BEDROOM	6-BEDROOM
PMSA	: Santa Rosa, CA							
	LOW HOME RENT LIMIT	555	594	713	824	918	1014	1109
	HIGH HOME RENT LIMIT	694	752	905	1037	1137	1236	1336
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	694	787	1020	1418	1673	1923	2174
	50% RENT LIMIT	555	594	713	824	918	1014	1109
	65% RENT LIMIT	701	752	905	1037	1137	1236	1336
MSA	: Stockton-Lodi, CA							
	LOW HOME RENT LIMIT	416	445	535	617	688	760	831
	HIGH HOME RENT LIMIT	475	537	673	768	837	906	973
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	475	537	690	960	1132	1301	1471
	50% RENT LIMIT	416	445	535	617	688	760	831
	65% RENT LIMIT	520	558	673	768	837	906	973
PMSA	: Vallejo-Fairfield-Napa, CA							
	LOW HOME RENT LIMIT	500	536	643	743	830	915	1001
	HIGH HOME RENT LIMIT	631	677	814	932	1021	1108	1196
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	704	800	975	1354	1598	1837	2077
	50% RENT LIMIT	500	536	643	743	830	915	1001
	65% RENT LIMIT	631	677	814	932	1021	1108	1196
PMSA	: Ventura, CA							
	LOW HOME RENT LIMIT	653	700	840	971	1083	1195	1307
	HIGH HOME RENT LIMIT	706	812	1027	1228	1350	1471	1593
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	706	812	1027	1366	1592	1830	2069
	50% RENT LIMIT	653	700	840	971	1083	1195	1307
	65% RENT LIMIT	830	890	1070	1228	1350	1471	1593
MSA	: Visalia-Tulare-Porterville, CA							
	LOW HOME RENT LIMIT	342	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	391	416	542	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	391	416	542	756	863	992	1121
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786
PMSA	: Yolo, CA							
	LOW HOME RENT LIMIT	498	534	641	741	826	911	997
	HIGH HOME RENT LIMIT	504	575	712	929	1017	1103	1190
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	504	575	712	986	1165	1339	1514
	50% RENT LIMIT	498	534	641	741	826	911	997
	65% RENT LIMIT	628	675	811	929	1017	1103	1190

STATE : CALIFORNIA

		----- JANUARY 2002 H O M E P R O G R A M R E N T S -----						
PROGRAM		EFFICIENCY	1-BEDROOM	2-BEDROOM	3-BEDROOM	4-BEDROOM	5-BEDROOM	6-BEDROOM
MSA	: Yuba City, CA							
	LOW HOME RENT LIMIT	343	368	442	510	570	628	687
	HIGH HOME RENT LIMIT	348	407	522	630	683	734	788
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	348	407	522	728	842	968	1094
	50% RENT LIMIT	343	368	442	510	570	628	687
	65% RENT LIMIT	427	459	553	630	683	734	788
COUNTY	: ALPINE COUNTY							
	LOW HOME RENT LIMIT	319	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	319	458	542	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	319	479	542	753	811	932	1054
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786
COUNTY	: AMADOR COUNTY							
	LOW HOME RENT LIMIT	372	398	478	552	616	680	743
	HIGH HOME RENT LIMIT	441	485	599	684	743	801	860
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	441	485	648	903	1006	1156	1307
	50% RENT LIMIT	372	398	478	552	616	680	743
	65% RENT LIMIT	463	498	599	684	743	801	860
COUNTY	: CALAVERAS COUNTY							
	LOW HOME RENT LIMIT	342	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	385	447	551	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	385	447	595	829	976	1122	1268
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786
COUNTY	: COLUSA COUNTY							
	LOW HOME RENT LIMIT	342	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	349	391	503	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	349	391	503	701	811	932	1054
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786
COUNTY	: DEL NORTE COUNTY							
	LOW HOME RENT LIMIT	327	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	327	448	551	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	327	448	595	830	978	1124	1271
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786

STATE : CALIFORNIA

		----- JANUARY 2002 H O M E P R O G R A M R E N T S -----						
PROGRAM		EFFICIENCY	1-BEDROOM	2-BEDROOM	3-BEDROOM	4-BEDROOM	5-BEDROOM	6-BEDROOM
COUNTY	: GLENN COUNTY							
	LOW HOME RENT LIMIT	319	376	452	522	582	643	703
	HIGH HOME RENT LIMIT	319	391	503	645	700	754	809
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	319	391	503	701	811	932	1054
	50% RENT LIMIT	351	376	452	522	582	643	703
	65% RENT LIMIT	437	470	565	645	700	754	809
COUNTY	: HUMBOLDT COUNTY							
	LOW HOME RENT LIMIT	330	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	330	457	551	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	330	457	598	835	987	1135	1283
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786
COUNTY	: IMPERIAL COUNTY							
	LOW HOME RENT LIMIT	342	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	361	451	551	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	361	451	555	774	811	932	1054
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786
COUNTY	: INYO COUNTY							
	LOW HOME RENT LIMIT	331	395	473	547	610	673	736
	HIGH HOME RENT LIMIT	331	447	573	677	736	793	851
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	331	447	573	752	811	932	1054
	50% RENT LIMIT	368	395	473	547	610	673	736
	65% RENT LIMIT	458	493	594	677	736	793	851
COUNTY	: KINGS COUNTY							
	LOW HOME RENT LIMIT	342	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	370	431	538	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	370	431	538	748	880	1012	1143
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786
COUNTY	: LAKE COUNTY							
	LOW HOME RENT LIMIT	342	367	441	509	568	626	686
	HIGH HOME RENT LIMIT	360	458	551	628	681	733	786
	FOR INFORMATION ONLY:							
	FAIR MARKET RENT	360	458	611	770	1002	1152	1302
	50% RENT LIMIT	342	367	441	509	568	626	686
	65% RENT LIMIT	426	458	551	628	681	733	786

STATE : CALIFORNIA

		----- JANUARY 2002 H O M E P R O G R A M R E N T S -----						
PROGRAM		EFFICIENCY	1-BEDROOM	2-BEDROOM	3-BEDROOM	4-BEDROOM	5-BEDROOM	6-BEDROOM
COUNTY	:	LASSEN COUNTY						
		LOW HOME RENT LIMIT	360	385	462	534	596	719
		HIGH HOME RENT LIMIT	391	396	514	660	717	828
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	391	396	514	701	811	1054
		50% RENT LIMIT	360	385	462	534	596	719
		65% RENT LIMIT	447	480	579	660	717	828
COUNTY	:	MARIPOSA COUNTY						
		LOW HOME RENT LIMIT	345	401	482	557	622	750
		HIGH HOME RENT LIMIT	345	439	564	691	751	870
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	345	439	564	739	871	1132
		50% RENT LIMIT	375	401	482	557	622	750
		65% RENT LIMIT	467	502	605	691	751	870
COUNTY	:	MENDOCINO COUNTY						
		LOW HOME RENT LIMIT	363	389	467	539	601	726
		HIGH HOME RENT LIMIT	442	486	585	667	725	837
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	442	533	653	910	916	1190
		50% RENT LIMIT	363	389	467	539	601	726
		65% RENT LIMIT	452	486	585	667	725	837
COUNTY	:	MODOC COUNTY						
		LOW HOME RENT LIMIT	342	367	441	509	568	686
		HIGH HOME RENT LIMIT	349	391	503	628	681	786
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	349	391	503	701	811	1054
		50% RENT LIMIT	342	367	441	509	568	686
		65% RENT LIMIT	426	458	551	628	681	786
COUNTY	:	MONO COUNTY						
		LOW HOME RENT LIMIT	402	431	517	598	667	805
		HIGH HOME RENT LIMIT	487	540	650	743	810	940
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	487	584	777	1081	1278	1661
		50% RENT LIMIT	402	431	517	598	667	805
		65% RENT LIMIT	503	540	650	743	810	940
COUNTY	:	NEVADA COUNTY						
		LOW HOME RENT LIMIT	400	479	575	664	741	894
		HIGH HOME RENT LIMIT	400	547	725	829	906	1056
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	400	547	729	1013	1173	1524
		50% RENT LIMIT	447	479	575	664	741	894
		65% RENT LIMIT	561	602	725	829	906	1056

STATE : CALIFORNIA

		---- JANUARY 2002 H O M E P R O G R A M R E N T S ----						
PROGRAM		EFFICIENCY	1-BEDROOM	2-BEDROOM	3-BEDROOM	4-BEDROOM	5-BEDROOM	6-BEDROOM
COUNTY	:	PLUMAS COUNTY						
		LOW HOME RENT LIMIT	350	375	450	520	580	700
		HIGH HOME RENT LIMIT	352	391	503	642	696	804
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	352	391	503	701	811	1054
		50% RENT LIMIT	350	375	450	520	580	700
		65% RENT LIMIT	435	467	563	642	696	804
COUNTY	:	SAN BENITO COUNTY						
		LOW HOME RENT LIMIT	532	570	685	791	882	1065
		HIGH HOME RENT LIMIT	550	647	810	995	1090	1280
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	550	647	810	1129	1320	1715
		50% RENT LIMIT	532	570	685	791	882	1065
		65% RENT LIMIT	672	721	869	995	1090	1280
COUNTY	:	SIERRA COUNTY						
		LOW HOME RENT LIMIT	319	373	447	517	577	696
		HIGH HOME RENT LIMIT	319	429	528	638	692	798
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	319	429	528	733	865	1124
		50% RENT LIMIT	348	373	447	517	577	696
		65% RENT LIMIT	432	465	560	638	692	798
COUNTY	:	SISKIYOU COUNTY						
		LOW HOME RENT LIMIT	335	367	441	509	568	686
		HIGH HOME RENT LIMIT	335	391	503	628	681	786
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	335	391	503	701	811	1054
		50% RENT LIMIT	342	367	441	509	568	686
		65% RENT LIMIT	426	458	551	628	681	786
COUNTY	:	TEHAMA COUNTY						
		LOW HOME RENT LIMIT	334	367	441	509	568	686
		HIGH HOME RENT LIMIT	334	391	503	628	681	786
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	334	391	503	701	811	1054
		50% RENT LIMIT	342	367	441	509	568	686
		65% RENT LIMIT	426	458	551	628	681	786
COUNTY	:	TRINITY COUNTY						
		LOW HOME RENT LIMIT	342	367	441	509	568	686
		HIGH HOME RENT LIMIT	359	391	503	628	681	786
		FOR INFORMATION ONLY:						
		FAIR MARKET RENT	359	391	503	701	811	1054
		50% RENT LIMIT	342	367	441	509	568	686
		65% RENT LIMIT	426	458	551	628	681	786

U.S. DEPARTMENT OF HUD  
STATE : CALIFORNIA

PAGE 39

		---- JANUARY 2002 H O M E P R O G R A M R E N T S ----							
PROGRAM		EFFICIENCY	1-BEDROOM	2-BEDROOM	3-BEDROOM	4-BEDROOM	5-BEDROOM	6-BEDROOM	
COUNTY	:	TUOLUMNE COUNTY							
		LOW HOME RENT LIMIT	353	386	465	536	598	660	722
		HIGH HOME RENT LIMIT	353	482	581	664	721	777	833
		FOR INFORMATION ONLY:							
		FAIR MARKET RENT	353	482	643	896	1055	1213	1371
		50% RENT LIMIT	361	386	465	536	598	660	722
		65% RENT LIMIT	450	483	581	664	721	777	833

CHAPTER I

PRE-DISBURSEMENT AND SPECIAL CONDITIONS

**Trouble Shooting of Potential Problems**

The HOME Program Fiscal staff has identified some frequent problems that have occurred. We hope to avoid project delays by bringing these problems to your attention.

Financial Start-Up:

1. Funds requested for project activities prior to the removal of Standard Agreement conditions or prior to a project being set-up in IDIS.
2. Incurring project costs prior to completing the environmental review process.

**References**

State HOME Regulations Sections 8200 thru 8220 provide that the Contractor shall comply with any terms and conditions which are necessary to comply with the HOME Investment Partnerships Program federal regulations (24 CFR Part 92).

OMB Management Circular A-87 establish principles and standards for determining costs applicable to grants, contracts and other agreements with State and local governments.

OMB Management Circular A-84 promulgate standards for obtaining consistency and uniformity among federal agencies in the administration of grants to, and other agreements with, public and private institutions of higher education, public and private hospitals, and other quasi-public and private nonprofit organizations. This circular does not apply to grants, contracts, or other agreements between the federal government and units of State or local governments covered by OMB Circular A-87.

CHAPTER I

PRE-DISBURSEMENT AND SPECIAL CONDITIONS

continued

OMB Management Circular A-122 establish principles for determining costs of grants, contracts and other agreements with nonprofit organizations. It does not apply to colleges and universities which are covered by Circular A-21; State, local, and Federally recognized Indian tribal governments which are covered by OMB Circular A-87; or hospitals. The principles are designed to provide that the federal government bears its fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of cost sharing or matching on grants, contracts, or other agreements. However, such cost sharing or matching shall not be accomplished through arbitrary limitations on individual cost elements by federal agencies. Provisions for profit or other increment above cost is outside the scope of this Circular.

OMB Management Circular A-133 provide policy guidance to federal agencies for establishing uniform requirements for audits of awards provided to institutions of higher education and other nonprofit organizations. It promotes the efficient and effective use of audit services.

HOME Investment Partnerships Program Federal Regulations (24 CFR Part 92) provide the operating and implementing HOME Program regulations.



**HOME PROGRAM  
SUBSIDY LIMITS PER UNIT – SECTION 221(d)(3)  
(1/01)**

COUNTY NAME	O-BDR	1-BDR	2-BDR	3-BDR	4-BDR
ALAMEDA	\$72,216	\$82,781	\$100,661	\$130,221	\$142,942
ALPINE	\$71,862	\$82,375	\$100,168	\$129,583	\$142,242
AMADOR	\$71,862	\$82,375	\$100,168	\$129,583	\$142,242
BUTTE	\$71,862	\$82,375	\$100,168	\$129,583	\$142,242
CALAVERAS	\$67,968	\$77,911	\$94,740	\$122,561	\$134,534
COLUSA	\$69,738	\$79,940	\$97,207	\$125,752	\$138,037
CONTRA COSTA	\$71,508	\$81,969	\$99,674	\$128,944	\$141,541
DEL NORTE	\$65,844	\$75,476	\$91,779	\$118,731	\$130,330
EL DORADO – EASTERN (EASTERN EL DORADO-ELEVATION AT OR ABOVE 3,001 FEET)	\$76,818	\$88,056	\$107,076	\$138,519	\$152,051
EL DORADO – WESTERN (WESTERN EL DORADO-ELEVATION AT OR BELOW 3,000 FEET)	\$72,924	\$83,592	\$101,648	\$131,498	\$144,344
FRESNO	\$62,658	\$71,824	\$87,338	\$112,986	\$124,023
GLENN	\$69,738	\$79,940	\$97,207	\$125,752	\$138,037
HUMBOLDT	\$65,844	\$75,476	\$91,779	\$118,731	\$130,330
IMPERIAL	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
INYO	\$60,888	\$69,795	\$84,871	\$109,794	\$120,520
KERN	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
KINGS	\$59,472	\$68,172	\$82,897	\$107,241	\$117,717
LAKE	\$65,844	\$75,476	\$91,779	\$118,731	\$130,330
LASSEN	\$72,924	\$83,592	\$101,648	\$131,498	\$144,344
LOS ANGELES	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
MADERA	\$57,702	\$66,143	\$80,430	\$104,049	\$114,214
MARIN	\$70,446	\$80,752	\$98,194	\$127,029	\$139,439
MARIPOSA	\$59,826	\$68,578	\$83,391	\$107,879	\$118,418
MENDOCINO	\$59,472	\$68,172	\$82,897	\$107,241	\$117,717
MERCED	\$59,472	\$68,172	\$82,897	\$107,241	\$117,717
MODOC	\$71,862	\$82,375	\$100,168	\$129,583	\$142,242
MONO	\$60,888	\$69,795	\$84,871	\$109,794	\$120,520
MONTEREY	\$68,322	\$78,317	\$95,233	\$123,199	\$135,235
NAPA	\$67,260	\$77,100	\$93,753	\$121,284	\$133,133
NEVADA	\$72,924	\$83,592	\$101,648	\$131,498	\$144,344
ORANGE	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
PLACER	\$74,340	\$85,215	\$103,622	\$134,051	\$147,147
PLUMAS	\$69,738	\$79,940	\$97,207	\$125,752	\$138,037

**HOME PROGRAM**  
**SUBSIDY LIMITS PER UNIT – SECTION 221(d)(3)**  
 - continued -

RIVERSIDE	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
SACRAMENTO	\$74,340	\$85,215	\$103,622	\$134,051	\$147,147
SAN BENITO	\$68,322	\$78,317	\$95,233	\$123,199	\$135,235
SAN BERNARDINO	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
SAN DIEGO	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
SAN FRANCISCO	\$74,340	\$85,215	\$103,622	\$134,051	\$147,147
SAN JOAQUIN	\$72,924	\$83,592	\$101,648	\$131,498	\$144,344
SAN LUIS OBISPO	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
SAN MATEO	\$71,154	\$81,563	\$99,181	\$128,306	\$140,840
SANTA BARBARA	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
SANTA CLARA	\$70,446	\$80,752	\$98,194	\$127,029	\$139,439
SANTA CRUZ	\$65,844	\$75,476	\$91,779	\$118,731	\$130,330
SHASTA	\$73,632	\$84,404	\$102,635	\$132,744	\$145,745
SIERRA	\$69,738	\$79,940	\$97,207	\$125,752	\$138,037
SISKIYOU	\$69,738	\$79,940	\$97,207	\$125,752	\$138,037
SOLANO	\$67,614	\$77,505	\$94,247	\$121,922	\$133,833
SONOMA	\$66,552	\$76,288	\$92,766	\$120,007	\$131,731
STANISLAUS	\$59,472	\$68,172	\$82,897	\$107,241	\$117,717
SUTTER	\$69,738	\$79,940	\$97,207	\$125,752	\$138,037
TEHAMA	\$69,738	\$79,940	\$97,207	\$125,752	\$138,037
TRINITY	\$69,738	\$79,940	\$97,207	\$125,752	\$138,037
TULARE	\$59,472	\$68,172	\$82,897	\$107,241	\$117,717
TUOLUMNE	\$68,676	\$78,723	\$95,727	\$123,837	\$135,935
VENTURA	\$74,340	\$85,216	\$103,622	\$134,051	\$147,147
YOLO	\$69,738	\$79,940	\$97,207	\$125,752	\$138,037
YUBA	\$68,676	\$78,723	\$95,727	\$123,837	\$135,935

Standard Agreement # \_\_\_\_\_  
Page 1 of 2

**SUBSIDY LAYERING AND FINANCIAL ANALYSIS REVIEW  
CHECK SHEET AND CERTIFICATION**

Standard Agreement Requirement

All projects in which HOME funds are used in combination with other governmental assistance must not contain any more HOME funds than necessary to provide affordable housing.

The \_\_\_\_\_ (Organization Name) certifies that a project layering review analysis has been completed in accordance with HUD CPD notice 98-01 and State guidelines as required.

Information for each item checked below, at a minimum, has been included in this review or is not applicable as indicated (i.e., no tax credit financing).

- A. All proposed sources (both public and private) of funds and the dollar amount(s) for each respective source, including:
  - 1) commitment letters with all terms and conditions for all mortgages, grants, subordination agreements, bridge loans and investment tax credits (historical and low-income, if applicable);
  - 2) if a partnership, a copy of the partnership agreement and equity letters which will indicate the cash contributions by the general partner(s) and/or limited partner(s); and
- B. All uses of funds (including acquisition costs, rehabilitation or construction costs, financing costs and professional fees) associated with project, including, as applicable, the following:
  - 1) earnest money agreement, option or closing statement for land or building(s);
  - 2) construction cost estimate;
  - 3) construction contract or preliminary bid(s);
  - 4) agreements governing the various reserves which are capitalized at closing (to verify that the reserves cannot be withdrawn later as fees or distributions);

Standard Agreement # \_\_\_\_\_  
 Page 2 of 2

- 5) appraisal which shall substantiate the value of the land and the value of the property after rehabilitation or construction;
- 6) if low-income housing tax credits are utilized, documentation of the syndication costs (legal, accounting, tax opinion, etc.) from the organization / individual who will syndicate and sell the offering to ensure that the project can support the fees necessary to syndicate/fund the project. All assumptions in the offering should be verified in the supporting documentation; and
- C. Other financial information, including a schedule of rental income, operating expenses, cash flow analysis and multi-year proforma; and
- D. A market analysis which includes information comparing project rents, vacancy rates and operating expenses to other subsidized and market rate rental projects; and
- E. A preliminary title report showing all easements and encumbrances; and

The \_\_\_\_\_ (Organization Name) further certifies that (check one):

\_\_\_\_\_ other governmental assistance is being provided, or will be provided, to the project from the sources and in the amounts shown as attached (mark as Attachment A);

OR

\_\_\_\_\_ no other governmental assistance is to be provided at this time or in the future. However, should other governmental assistance be sought in the future, the State will be promptly notified by the above named Organization.

\_\_\_\_\_  
 Signature of person completing review

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature (Authorized Signatory)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

## CHAPTER I

**PROJECT SET-UP****TIPS FOR FILLING OUT FORMS**

The following are tips to help you complete required HUD and HCD forms. There are some changes in the way forms are completed due to the transition from the old Federal CMI system to the new IDIS system in November 1999. You may obtain any HOME forms (HOME-3, HOME-4, HOME-5 and HOME-6) on our website at <http://www.hcd.ca.gov/ca/home/fiscalindex.html>, or from your State HOME Program Representative. HUD forms can be ordered directly from HUD or printed from their website at <http://www.hudclips.org/cgi/index.cgi>. Contact your State HOME Program Representative if you have any additional questions.

1. The instructions for completing all HUD Forms are part of the form itself and are included in the appropriate Appendix with each form.
2. **HUD Project Set-Up Reports (Original Submission):** This form is used to set up your projects in IDIS. Write the State Standard Agreement number under which you are setting up the project in the upper right-hand corner of the form (e.g. 98-HOME-0234). This number can be found in the top right-hand corner of your State Standard Agreement (STD.2.) You will receive a New Project Setup Sheet from HCD after your project is set up.
3. **HUD Project Set-Up Reports (Ownership Transfer, Change Owner's Address, or Revision):** This form is used to make changes to projects already set up in IDIS. Due to the transition from the old Federal CMI system to the new IDIS system, HCD and HUD have changed numbering systems.
  - a. If your project was set up in CMI (prior to 11/9/99), write the State Standard Agreement number, including the two-digit Project Suffix of the project you are revising in the upper right-hand corner of the form (e.g. 98-HOME-0234-01). This number can be found on either your copy of the Original Submission of the HUD Project Set-Up form or the HCD New Project Set-Up Sheet (in the Notes: field. Also, enter the CMI system generated 10-digit project number in Part A, Box 1 (e.g. 1234567890). This number can be found in Part A, Box 1 of the Original Submission of the HUD Set-Up Form or the New Project Set-Up Sheet (in the Project No. Field). A copy of one of these forms was mailed to you by the State after your project was set up.

PROJECT SET-UP

TIPS FOR FILLING OUT FORMS

continued

- b. If your Project was set up in IDIS (after 11/9/99) write the Grantee Activity Number in the upper right-hand corner of the form (e.g. M980234-01). This number can be found on the New Project Set-Up Sheet (in the Project No. Field). Also, enter the HUD Activity Number in Part A. Box 1 of the HUD Set-Up Report (e.g. 5236). This number can be found on the New Project Set-Up Sheet (in the Notes: field).
4. **HCD Project Funding Source Detail (HOME-3, 2/01):** This form should accompany the HUD Project Set-Up Form. Be sure you are using the most current version of this form as many of the funding source codes have changed.
5. **Vendor Data Record (Std. 204):** A Vendor Data Record form (STD. 204) must be filed with the Department prior to the issuance of any warrants to a grantee. A separate Vendor Data Record form (STD. 204) must also be filed for any alternate payees. This form requires an **original** signature and a Federal Tax Identification Number (TIN). The Std. 204 is available on the State Department of General Services website at [http://www.osp.dgs.ca.gov/default.asp?mp=../fmc/forms\\_search.asp](http://www.osp.dgs.ca.gov/default.asp?mp=../fmc/forms_search.asp).

PROJECT SET-UP

**REFERENCES**

State HOME Regulations Sections 8200 thru 8220 provide that the Contractor shall comply with any terms and conditions which are necessary to comply with the HOME Investment Partnerships Program federal regulations (24 CFR Part 92).

OMB Management Circular A-87 establishes principles and standards for determining costs applicable to grants, contracts and other agreements with State and local governments.

OMB Management Circular A-84 promulgates standards for obtaining consistency and uniformity among federal agencies in the administration of grants to, and other agreements with, public and private institutions of higher education, public and private hospitals, and other quasi-public and private nonprofit organizations. This circular does not apply to grants, contracts, or other agreements between the federal government and units of State or local governments covered by OMB Circular A-87.

OMB Management Circular A-122 establishes principles for determining costs of grants, contracts and other agreements with nonprofit organizations. It does not apply to colleges and universities that are covered by Circular A-21; State, local, and Federally recognized Indian tribal governments that are covered by OMB Circular A-87; or hospitals. The principles are designed to provide that the federal government bears its fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of cost sharing or matching on grants, contracts, or other agreements. However, such cost sharing or matching shall not be accomplished through arbitrary limitations on individual cost elements by federal agencies. Provisions for profit or other increment above cost is outside the scope of this Circular.

OMB Management Circular A-133 provides policy guidance to federal agencies for establishing uniform requirements for audits of awards provided to institutions of higher education and other nonprofit organizations. It promotes the efficient and effective use of audit services.

HOME Investment Partnerships Program Federal Regulations (24 CFR Part 92) provide the operating and implementing HOME Program regulations.

STD. 204 (REV. 2-2000)

**SECTION 1** must be completed by the requesting state agency before forwarding to the payee

<b>1</b>	<p><b>PLEASE RETURN TO:</b></p> <p>DEPARTMENT/OFFICE _____</p> <p>STREET ADDRESS _____</p> <p>CITY, STATE, ZIP CODE _____</p> <p>TELEPHONE NUMBER _____</p>	<p><b>PURPOSE:</b> Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident payees. Prompt return of this fully completed form will prevent delays when processing payments.</p> <p><b>(See Privacy Statement on reverse)</b></p>						
<b>2</b>	<p>PAYEE'S BUSINESS NAME _____</p> <p>MAILING ADDRESS (Number and Street or P. O. Box Number) _____</p> <p>(City, State and Zip Code) _____</p>							
<b>3</b>	<p><b>VENDOR ENTITY INFORMATION</b></p> <p>CHECK ONE BOX ONLY</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> LEGAL CORPORATION</p> <p><input type="checkbox"/> MEDICAL CORPORATION</p> <p><input type="checkbox"/> EXEMPT CORPORATION</p> <p><input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) _____</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> </div> </div> <hr/> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR</p> <div style="display: flex; justify-content: space-between;"> <p>SOCIAL SECURITY NUMBER OF OWNER _____</p> <p>OWNER'S FULL NAME (Print) _____</p> </div>	<p><b>NOTE:</b> State and local governmental entities, including school districts are not required to submit this form.</p> <p><b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.</p>						
<b>4</b>	<p><b>PAYEE RESIDENCY STATUS</b></p> <p>CHECK APPROPRIATE BOX(ES)</p> <p><input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA</p> <p><input type="checkbox"/> Nonresident (<i>See Reverse</i>) Payments to nonresidents for services may be subject to state withholding</p> <p><input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</p> <p><input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA/ GOODS ONLY SOLD TO CALIFORNIA</p>	<p><b>NOTE:</b></p> <p>a. An estate is a resident if decedent was a California resident at time of death.</p> <p>b. A trust is a resident if at least one trustee is a California resident.</p> <p>(See reverse)</p>						
<b>5</b>	<p><b>CERTIFYING SIGNATURE</b></p> <p style="text-align: center;"><b><i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</i></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; border-top: 1px solid black;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td style="width: 50%; border-bottom: 1px solid black; border-top: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black; border-top: 1px solid black;">SIGNATURE</td> <td style="border-bottom: 1px solid black; border-top: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black; border-top: 1px solid black;"></td> <td style="border-bottom: 1px solid black; border-top: 1px solid black;">TELEPHONE NUMBER</td> </tr> </table>		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	SIGNATURE	DATE		TELEPHONE NUMBER
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE							
SIGNATURE	DATE							
	TELEPHONE NUMBER							



### ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call.....1-800-852-5711  
From outside the United States, call.....1-916-845-6500  
For hearing impaired with TDD, call....1-800-822-6268

### PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1.

### ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board  
Nonresident Withholding Section  
Attention: State Agency Withholding Coordinator  
P.O. Box 651 Sacramento, CA 95812-0651  
Telephone: (916) 845-4900  
FAX: (916) 845-4831

**If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.**

# Homeownership Assistance/ Rental Housing Project Set-Up Report

U.S. Department of Housing  
and Urban Development  
Office of Community Planning  
and Development

OMB Approval No. 2506-0171  
(Exp. 11/30/2001)

## Home Program Cash & Management Information System

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

**Note:** Complete for all Homeownership Assistance/Rental Housing Projects prior to project set-up and send the completed form to:

HOME PROGRAM, P.O. Box 23997, L'Enfant Plaza Station,  
Washington, D.C. 20026.

Check the Appropriate Box

☐ Original Submission ☐ Change Owner's Address  
☐ Ownership Transfer ☐ Revision

**Part A: Call-In** Part A must be called in to HUD to set up project accounts. This completed form must be submitted to HUD immediately after project set-up call.

1. Project Number	2. Name of Participant	6. HOME Funds for Project	
		a. Total Funds Requested + \$	
		b. Participant Number	c. Dollar Amount of Funds
3. Participant Tax ID Number	4. CHDO Tax ID Number		\$
			\$
5. Type of Project			\$
(3) <input type="checkbox"/> Acquisition Only (5) <input type="checkbox"/> Substantial Rehabilitation			\$
(4) <input type="checkbox"/> Moderate Rehabilitation (6) <input type="checkbox"/> New Construction			\$
8. Name & Phone Number ( including Area Code) of person completing form	9. CHDO Loan		\$
	(1) <input type="checkbox"/> Yes		\$
	(2) <input type="checkbox"/> No		\$
		7. Total Estimated Cost of Project (HOME-assisted units, including other public/private funds)	
		\$	

### Part B: Project Information

1. Street Address of Project				
1a. City		1b. State	1c. Zip Code	
2. Name of Owner		2a. Last Name	2b. First Name	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
3. Mailing Address of Owner				
3a. City		3b. State	3c. Zip Code	
3d. Phone (Include Area Code)	4. Name of Firm (if applicable)	5. Total Units in Project Prior to Assistance	6. Estimated Units Upon Completion	7. Total HOME-Assisted Units Upon Completion
8. Type of Ownership (Check one box)		9. Tenure Type (Check one box only)		10. Complete for Community Housing Development Organization Projects (check one box)
(1) <input type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit		(1) <input type="checkbox"/> Rental		(1) <input type="checkbox"/> Owned
(2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly-Owned		(2) <input type="checkbox"/> Homeownership First-Time Buyer		(2) <input type="checkbox"/> Sponsored
(3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other		(3) <input type="checkbox"/> Homeownership Rehabilitation		(3) <input type="checkbox"/> Developed
				11. County Code (to be completed by Centralized States only)

Project Address	Project Number
-----------------	----------------

No. of Bedrooms Code	Occupancy Code	Race/Ethnicity of Head of Household Code	Size of Household Code	Type of Household Code	Rental Assistance Code
0 - 0 Bedroom	1 - Tenant	1 - White (non-Hispanic)	1 - 1 Person	1 - Single/non-Elderly	1 - Section 8
1 - 1 Bedroom	2 - Owner	2 - Black (non-Hispanic)	2 - 2 Persons	2 - Elderly	2 - HOME TBA
2 - 2 Bedrooms	9 - Vacant	3 - Native Amer.	3 - 3 Persons	3 - Related/Single Parent	3 - Other
3 - 3 Bedrooms	<b>% of Area Median Code</b>	4 - Asian/Pacific Islander	4 - 4 Persons	4 - Related/Two Parent	4 - NoAssistance
4 - 4 Bedrooms		5 - Hispanic (all races)	5 - 5 Persons	5 - Other	9 - Vacant unit
5 - 5 or more Bedrooms		9 - Vacant unit	6 - 6 Persons	9 - Vacant unit	
			7 - 7 Persons		
			8 - 8 or more Persons		
	1 - 0 - 30%		9- Vacant unit		
	2 - 30 - 50%				
	3 - 50 - 60%				
	4 - 60 - 80%				
	9 - Vacant unit				

## Instructions for Completing the Homeownership Assistance / Rental Housing Project Set-Up Report, form HUD-40094, HOME Program Cash & Management Information System

Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ball point pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

**HOME Program**  
**P.O. Box 23997**  
**L'Enfant Plaza Station**  
**Washington, DC 20026**

**Applicability.** This report form must be completed for each homeownership or rental housing project assisted with HOME funds.

**Timing.** Complete the project set-up report form before calling the HUD Voice Response System (VRS) to set up a project in the HOME C/MI System. **This completed report form must be sent to HUD immediately after the project set-up call.** If the project set-up report form is not received within 20 days of the project set-up call, the project will be automatically canceled by the HOME C/MI System. A report form must be received by HUD before funds may be drawn down for a project. An amended set-up report form should be submitted if a project is revised or if HOME funding for the project is increased or decreased and the change should be highlighted in yellow.

**Part A: Call-In. Part A must be called in to the HUD VRS to set up a project.** The completed form must be submitted to HUD immediately after the project set-up call.

- 1. Project Number.** Enter the 10-digit project number assigned by the HUD VRS at the completion of the project set-up call.
- 2. Name of Participant.** Enter the name of the participating jurisdiction (PJ), or, in the case of State recipient projects, the name of the State recipient (identified on the HUD-40100—State Designation of Local Recipients form).
- 3. Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement (HUD-40093); for a State recipient project, enter the State recipient's Tax ID Number from the HUD-40100—State Designation of Local Recipients form.
- 4. CHDO Tax ID Number.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) Identification Number for the CHDO shown in the Designation of Community Housing Development Organizations (CHDO) form (HUD-40098).
- 5. Type of Project.** Check one box to indicate the type of project set-up based on the following definitions: (Use of (1) and (2) has been discontinued as a result of statutory changes eliminating the rental production set-aside.)

**(3). Acquisition Only.** Acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which does not require rehabilitation and which will be used to provide affordable rental or homeownership housing.

**(4). Moderate Rehabilitation.** The average per unit total rehabilitation cost (HOME funds plus any other funds) of the HOME-assisted units in the project is \$25,000 or less and the project is any project involving (a) the repair or improvement of residential unit(s) to bring the unit(s) up to the property standards required by 24 CFR 92.251; (b) the reconfiguration of a structure to reduce the total units in order to increase the number of large family units, (c) adding a room or rooms (e.g., bedroom or bathroom) outside the existing walls for purposes of meeting occupancy or code standards, (d) the adding of a unit or units within the existing structure, and (e) the acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which requires rehabilitation and which will be used to provide affordable rental housing or homeownership units.

**(5). Substantial Rehabilitation.** The average per unit total rehabilitation cost (HOME funds plus any other funds) of the HOME-assisted units in the project exceeds \$25,000 per unit and the rehabilitation is otherwise consistent with the definition of rehabilitation of residential property as defined above in 5.(4).

**(6). New Construction.** Any project involving (a) adding units outside the existing walls of the structure, (b) the construction of a new residential unit(s), (c) the acquisition of land or the demolition of an existing structure for the purpose of constructing a new structure with HOME funds, and (d) acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

**NOTE:** When projects combine new construction in one building(s) with rehabilitation activities in another building(s) on one parcel of land, the projects, by type of activity (i.e., rehabilitation or new construction), must be administratively set up as separate projects in the HOME C/MI System.

### 6. HOME Funds for Project.

- Enter the total amount of HOME funds requested for the project.
- Enter the participant number for each grant and fiscal year source of HOME funds committed for the project.
- Indicate the amount of HOME funds from each fiscal year by participant number.

### 7. Total Estimated Cost of Project (HOME-assisted units, including other public/private funds).

Enter the total estimated cost (hard and soft costs) for the HOME-assisted units in the project, including other public/private funds. (Do not include costs attributable to units in the project that are not HOME-assisted units.)

### 8. Name & Phone Number (Including Area Code) of Person Completing Form.

Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.

### 9. CHDO Loan.

Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Check "yes" if this is a project-specific technical assistance and site control loan or a project-specific seed money loan. **NOTE:** When setting up a CHDO loan, the PJ should set up the project initially to include only the CHDO loan and complete parts A and B of this report form. If the project is amended to add more CHDO loan funds, the PJ should check "yes." If the PJ proceeds with the project, the project may be amended to add additional HOME funds to the project. If the project is later amended to add funds for rehabilitation or new construction, etc., the PJ would check "no" in block 9. If the project is amended to add additional funds and/or the project moves forward, the PJ must submit an amended HUD-40094 and must complete part C. If the project does not go forward, a completion report form (HUD-40096 or HUD-40097) is required.

### Part B: Project Information

- 1. Street Address of Project.** Self-explanatory.
- 2. Name of Owner.** For projects containing rental units, enter the name of the owner. For single-unit homeownership projects, enter "NA" for not applicable.
- 3. Mailing Address of Owner.** For projects containing rental units, indicate the mailing address of the owner. For single-unit homeownership projects, enter "NA" for not applicable.
- 4. Name of Firm.** For projects containing rental units, if the project is owned by a firm or other organization, enter the name of the firm or organization. Enter the firm address in Item 3 above. For single-unit homeownership projects and other projects which are not owned by a firm, enter "NA" for not applicable.

5. **Total Units in Project Prior to Assistance.** Enter the total number of units in the project (both HOME-assisted and non-HOME-assisted units).
6. **Estimated Units Upon Completion.** Enter the total estimated number of units that will be in the project upon completion (both HOME-assisted and non-HOME-assisted units).
7. **Total HOME-Assisted Units Upon Completion.** Enter the total number of units (upon completion) that will receive HOME assistance.
8. **Type of Ownership.** Check one box only.
9. **Tenure Type.** Check one box only. For 2 - 4 unit projects containing both an owner occupant and rental unit(s), check box (2) or (3). For 5 or more unit projects containing an owner occupant and rental units, check box (1). (NOTE: This will affect which completion report is required upon completion.)
10. **Community Housing Development Organization Projects.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Check one box only.
11. **County Code.** To be completed only for centralized State projects. Enter the 3-digit county code for the county in which the project is located.

### Part C. Household Characteristics.

Provide information on the characteristics of each household (renter or owner) occupying a unit to be assisted with HOME funds. Complete one line for each unit to be assisted with HOME funds. Enter one code only in each block. If the project is a 1 to 4 unit owner-occupied rental project, provide characteristics for tenants as well as for the owner. If the unit is occupied, complete all boxes. If information is not available, enter "9." If a unit is unoccupied, enter unit number, number of bedrooms, and total rent. **Do not complete for new construction projects.**

**Unit Number.** For rental units, enter the unit number of each unit that will receive HOME assistance.

**Number of Bedrooms.** Enter 0 for single room occupancy (SRO) unit or for efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Occupancy.** Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

#### Monthly Rent (Including Utilities).

**Tenant Contribution.** For homeowners, enter 0. For renters enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time HOME funds were committed to the project. If the tenant's rent does not include utilities, or if the tenant's rent includes only partial utilities, *e.g.*, heat, but not electricity, these utility costs must be added to the rent. Use actual costs or use the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**Subsidy Amount.** For homeowners, enter 0. For renters enter the amount the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter "0."

**Total Rent.** For homeowners enter 0. For renters enter the total monthly rent (Tenant Payment plus Subsidy Amount).

**Note for vacant units:** Vacant, but habitable unit: Enter the last known rent in "Total Rent" column or the rent being asked by the owner. Vacant and uninhabitable unit: Enter "0" in "Total Rent" column.

#### Income Data.

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median.** For each occupied residential unit, enter one code only based on the following definitions:

1. **0 - 30 Percent of Area Median** means a household whose income is at or below 30 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

2. **30 - 50 Percent of Area Median** means a household whose income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
3. **50 - 60 Percent of Area Median** means a household whose income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
4. **60 - 80 Percent of Area Median** means a household whose income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

#### Household Data

**Race/Ethnicity - Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

1. **White, Not Hispanic Origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East, but not of Hispanic origin.
2. **Black, Not Hispanic Origin.** A person having origins in any of the black racial groups of Africa, but not of Hispanic origin.
3. **Native American.** A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.
4. **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
5. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

9. **Vacant Unit.** Self-explanatory.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

**Type of Household:** For each residential unit, enter one code only based on the following definitions:

1. **Single/Non-Elderly.** One person household in which the person is not elderly.
2. **Elderly.** One or two person household with a person at least 62 years of age.
3. **Related/Single Parent.** A single parent household with a dependent child or children (18 years old or younger).
4. **Related/Two Parent.** A two parent household with a dependent child or children (18 years old or younger).
5. **Other.** Any household that is not included in the above 4 definitions, including two or more unrelated individuals.

9. **Vacant Unit.** Self-explanatory.

**Rental Assistance:** For rental units, enter one code only to indicate the type of assistance being provided to the tenant, or that no assistance is being provided, or that the unit is vacant at the time of project set-up.

1. **Section 8.** Tenants receiving assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.
2. **HOME Tenant-Based Rental Assistance.** Tenants receiving rental assistance through the HOME Program.
3. **Other Assistance.** Tenants receiving rental assistance through other Federal, State or local rental assistance programs, including rental assistance payments through programs administered by the U.S. Department of Health and Human Services or through departments of social services in States.
4. **No Assistance and 9. Vacant Unit.** Self-explanatory.

# Tenant Based Rental Assistance Project Set-Up Report

Home Program

Cash and Management Information System

U.S. Department of Housing  
and Urban Development  
Office of Community Planning  
and Development

OMB Approval No. 2506-0171  
(Exp. 11/30/2001)

**Note:** Complete for all Tenant Based Rental Assistance Projects. This form is to be completed and sent to: HOME PROGRAM, ATTN: Project Funds, P.O. Box 23997, L'Enfant Plaza Station, Washington, D.C. 20026.

Mark Appropriate Box

☐

Original Submission

☐

Revision

<b>Part A</b>	1. Name of Participant		5. HOME Project Funds for Project	
	2. Project Number		a. Total Funds Requested \$	
	3. Participant Tax ID Number		<b>b. Participant Number</b>	
	4. Name & Phone Number (including Area Code) of person completing form		<b>c. Dollar Amount of Funds</b>	
				\$
				\$

<b>Part B Project Information</b>	1. Term of Contract in months	2. County Code (to be completed by Centralized States only)	3. Number of Tenants to be Assisted	\$
-----------------------------------	-------------------------------	---	-------------------------------------	----

## Part C Household Characteristics. Enter one code only in each block.

No.	Tenant's Last Name or First 5 Letters of Last Name	Tenant's Social Security Number xxx-xx-xxxx	No. of BRs (see code)	Monthly Rent (including Tenant Paid Utilities)			Income Data		Household Data			Type of Contract O = Owner T = Tenant	Is HOME Assisted Tenant in a HOME Assisted Project?
				Tenant Payment a. (see note)	Subsidy Amount b. (see note)	Total Rent a. + b.	Monthly Gross Income	% of Area Median (see code)	Race / Ethnicity of Head of Household (see code)	Size of Household (see code)	Head of Household (see code)		
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													
11													
12													
13													
14													
15													
16													

<b>No. of Bedrooms Code</b> 0 = SRO 1 = 1 BR 2 = 2 BR 3 = 3 BR 4 = 4 BR 5 = 5 or more BRs	<b>Tenant Payment</b> Provide the actual rent paid by the tenant to the nearest dollar, (including tenant-paid utilities).	<b>Subsidy Amount</b> Enter the amount the tenant receives as a rent subsidy payment to the nearest dollar. If the tenant does not receive a tenant subsidy payment enter "0".	<b>% of Area Median Code</b> 1 = 0 to 30% 2 = 30 to 50% 3 = 50 to 60% 4 = 60 to 80%	<b>Race/Ethnicity of HH Code</b> 1 = White 2 = Black 3 = Native American 4 = Asian/ Pacific Islander 5 = Hispanic	<b>Size of Household Code</b> 1 = 1 Person 2 = 2 Persons 3 = 3 Persons 4 = 4 Persons 5 = 5 Persons 6 = 6 Persons 7 = 7 Persons 8 = 8 or more	<b>Head of Household Code</b> 1 = Single/Non Elderly 2 = Elderly 3 = Related/Single Parent 4 = Related/Two Parent 5 = Other
---	---	---	---	--	--	--

**Part C: (con't.) Household Characteristics.** Enter one code only in each block.

No.	Tenant's Last Name or First 5 Letters of Last Name	Tenant's Social Security Number xxx-xx-xxxx	No. of BRs (see code)	Monthly Rent (including Tenant Paid Utilities)			Income Data		Household Data			Type of Contract O = Owner T = Tenant	Is HOME Assisted Tenant in a HOME Assisted Project?
				Tenant Payment a. (see note)	Subsidy Amount b. (see note)	Total Rent a. + b.	Monthly Gross Income	% of Area Median (see code)	Race / Ethnicity of Head of Household (see code)	Size of Household (see code)	Head of Household (see code)		
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													

  

<b>No. of Bedrooms Code</b> 0 = SRO    3 = 3 BR 1 = 1 BR    4 = 4 BR 2 = 2 BR    5 = 5 or 3 = 3 BR    more BRs	<b>Tenant Payment</b> Provide the actual rent paid by the tenant to the nearest dollar, (including tenant-paid utilities).	<b>Subsidy Amount</b> Enter the amount the tenant receives as a rent subsidy payment to the nearest dollar. If the tenant does not receive a tenant subsidy payment enter "0".	<b>% of Area Median Code</b> 1 = 0 to 30% 2 = 30 to 50% 3 = 50 to 60% 4 = 60 to 80%	<b>Race / Ethnicity of HH Code</b> 1 = White 2 = Black 3 = Native American 4 = Asian/ Pacific Islander 5 = Hispanic	<b>Size of Household Code</b> 1 = 1 Person    5 = 5 Persons 2 = 2 Persons    6 = 6 Persons 3 = 3 Persons    7 = 7 Persons 4 = 4 Persons    8 = 8 or more Persons	<b>Head of Household Code</b> 1 = Single/Non Elderly 2 = Elderly 3 = Related/Single Parent 4 = Related/Two Parent 5 = Other
--	---	---	---	--	---	--

Part C: (con't.) Household Characteristics. Enter one code only in each block.

No.	Tenant's Last Name or First 5 Letters of Last Name	Tenant's Social Security Number xxx-xx-xxxx	No. of BRs (see code)	Monthly Rent (including Tenant Paid Utilities)			Income Data		Household Data			Type of Contract O = Owner T = Tenant	Is HOME Assisted Tenant in a HOME Assisted Project?
				Tenant Payment a. (see note)	Subsidy Amount b. (see note)	Total Rent a. + b.	Monthly Gross Income	% of Area Median (see code)	Race / Ethnicity of Head of Household (see code)	Size of Household (see code)	Head of Household (see code)		
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													



Part C: (con't.) Household Characteristics. Enter one code only in each block.

No.	Tenant's Last Name or First 5 Letters of Last Name	Tenant's Social Security Number xxx-xx-xxxx	No. of BRs (see code)	Monthly Rent (including Tenant Paid Utilities)			Income Data		Household Data			Type of Contract O = Owner T = Tenant	Is HOME Assisted Tenant in a HOME Assisted Project?
				Tenant Payment a. (see note)	Subsidy Amount b. (see note)	Total Rent a. + b.	Monthly Gross Income	% of Area Median (see code)	Race / Ethnicity of Head of Household (see code)	Size of Household (see code)	Head of Household (see code)		
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure.

**Sensitive Information:** Some of the information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

## Instructions for completing form HUD-40095, Tenant-Based Rental Assistance Project Set-Up Report for Project Areas, HOME Program Cash and Management Information (C/MI) System

Read the instructions for each item carefully before completing the form. Use a typewriter or print carefully with a ball point pen. Prepare an original and one copy. **Mail the original to HOME Program, ATTN: Project Funds, P.O. Box 23997, L'Enfant Plaza Station, Washington, DC 20026.** Retain the copy.

**Applicability.** This report form must be completed for each tenant-based rental assistance project assisted with HOME project funds. A single set-up report form may include up to 99 tenants so long as the term of the contract is the same for all of the tenants in the report form. For centralized State projects, the tenants must be in the same county.

**Timing.** Complete the project set-up report form and send it to the above address. A report form must be received by HUD before funds may be drawn down for a project. An amended set-up report form should be submitted to increase or decrease HOME project funding for the project.

### Part A:

1. **Name of Participant.** Enter the name of the jurisdiction.
2. **Project Number.** Enter the 9-digit project number (the HUD assigned 4-digit unique identifier and the sequential number).
3. **Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from item 3 of the Funding Approval and HOME Investment Partnership Agreement for Project Areas.
4. **Name & Phone Number of Person Completing Form.** Enter the name and phone number, including area code, of the person to contact for further information regarding this project.
5. **HOME Project Funds for Project.**
  - a. Enter the total amount of HOME project funds requested for the project.
  - b. Enter the participant number (from item 2 of the HOME Investment Partnership Agreement for Project Areas) for each fiscal year source of HOME project funds committed for the project.
  - c. Enter the amount of HOME project funds from each fiscal year by participant number.

### Part B: Project Information.

Items 1 and 2 must be the same for all tenants included in a single project set-up.

1. **Term of Contract.** Enter the term in months of the tenant-based rental assistance project.
2. **County Code.** To be completed only by States that are being administered in a centralized State HOME Program. Enter the 3-digit county code for the county in which the project is located.
3. **Number of Tenants Assisted.** Enter the total number of tenants to be assisted by this project.

### Part C: Household Characteristics.

Complete one line for each tenant receiving HOME tenant-based rental assistance from HOME project funds.

**Tenant's Last Name or First 5 Letters of Last Name.** Enter the tenant's last name if the name is 5 letters or less. Enter the first five letters of the last name if the name is more than five letters.

**Tenant's Social Security Number.** Enter the tenant's 9-digit social security number.

**Number of Bedrooms.** Enter the appropriate code. 0 for single room occupancy or efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Monthly Rent Including Utilities.**

**Tenant Contribution.** Enter the amount of the tenant's contribution including any payments to the owner and any tenant-paid utilities. Do not include any HOME subsidy amounts. If the rent does not include utilities, or if rent includes only partial utilities, e.g., heat, but not electricity, the tenant-paid utility costs must be added to the tenant contribution. Use actual costs or use the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**HOME Subsidy Amount.** Enter the amount from HOME project funds that will be paid to the tenant or owner as a rent subsidy payment (including any utility allowances) to the nearest dollar.

**Total Rent.** Enter the total of the Tenant Contribution and the HOME Subsidy Amount. **Note:** This amount may exceed the rent paid to the owner if it includes tenant-paid utilities.

**Income Data.**

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median.** Enter one code only based on the following definitions:

1. **0 - 30 Percent of Area Median** means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
2. **30 - 50 Percent of Area Median** means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
3. **50 - 60 Percent of Area Median** means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
4. **60 - 80 Percent of Area Median** means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

---

**Household Data.**

**Race/Ethnicity - Head of Household.** Enter one code only based on the following definitions:

1. **White, Not Hispanic Origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East, but not of Hispanic origin.
2. **Black, Not Hispanic Origin.** A person having origins in any of the black racial groups of Africa, but not of Hispanic origin.
3. **Native American.** A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.
4. **Asian or Pacific Islander.** A person having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
5. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

**Type of Household.** Enter one code based on the following definitions:

1. **Single/Non-Elderly.** One person household in which the person is not elderly.
2. **Elderly.** One or two person household containing a person at least 62 years of age.
3. **Related/Single Parent.** A one parent household with dependent minor (18 years old or younger) children.
4. **Related/Two Parent.** A two parent household with dependent minor (18 years old or younger) children.
5. **Other.** Any household that is not included in the above four definitions, including two or more unrelated individuals.

**Type of Contract.** Indicate the appropriate code for the type of tenant assistance contract (whether payment is made to the owner or to the tenant). Enter O for owner or T for tenant.

**HOME Assisted Unit.** Indicate whether the tenant receiving HOME tenant-based rental assistance (from HOME project funds) resides in a unit acquired, constructed or rehabilitated with HOME project funds. Enter Y for yes or N for no.

**STATE OF CALIFORNIA HOME PROGRAM  
PROJECT FUNDING SOURCE DETAIL**

For Submittal With Each Project Set-Up Report and any subsequent Revisions

**PART A: Contractor Information**

Contractor Name: \_\_\_\_\_ ☐ Original Submittal ☐ Revision

HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_

Name and phone # of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

State Recipients are required to identify, at least once per month, their undisbursed balance of Program Income/Recaptured funds ("Balance"). Please provide the following information: a) Date of Balance: \_\_\_\_\_, b) Balance (if Balance is zero enter 0, do not leave blank): \$ \_\_\_\_\_

**PART B: Project Description**

Type of Project (check one)	HCD Code		HCD Code
<input type="checkbox"/> Owner-Occupied Sub. Rehab	[0001]	<input type="checkbox"/> Rental - Moderate Rehab	[0007]
<input type="checkbox"/> Owner-Occupied Mod. Rehab	[0002]	<input type="checkbox"/> Rental - New Construction	[0008]
<input type="checkbox"/> FTHB - New Construction	[0003]	<input type="checkbox"/> TBRA (Tenant Contribution only)	[0009]
<input type="checkbox"/> FTHB - (Existing)Acq. Only	[0004]	<input type="checkbox"/> FTHB - (Existing)Substan. Rehab	[0010]
<input type="checkbox"/> Rental - Acquisition Only	[0005]	<input type="checkbox"/> FTHB - (Existing)Mod. Rehab	[0011]
<input type="checkbox"/> Rental - Substantial Rehab	[0006]		

Owner or Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

**If this is a revision, provide:** Grantee Activity Number: **M** \_\_\_\_\_ - \_\_\_\_\_ **and** HUD Activity Number: \_\_\_\_\_

Of the Total Estimated Cost of Project (Part A.7. on the Project Set-Up Report Form) provide the following breakdown according to funding source. Funding Source Codes and Descriptions are available on pages 2 and 3 of this form:

Funding Source Code	Check Here If Match	Funding Source Description	Amount(s) Part of Project Total	Amount(s) Not Part of Project Total
01		HOME Funds -	\$	
11		HOME Funds - Activity Delivery Costs	\$	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total - Should equal Part A.7. on Project Set-Up Form			\$	

<b>Funding Source Code</b>	<b>Match Code?</b>	<b>Funding Source Description</b>
01		<b>HOME FUNDS</b> - Direct or Deferred Loan
02		<b>HOME FUNDS</b> – Grant (per Stat HOME Regulation Section 8205 (b) (1).)
04		<b>HOME FUNDS</b> - CHDO/Tech. Assist. ( <b>Must have prior HOME Program Manager authorization</b> )
05		<b>HOME FUNDS</b> - CHDO - Seed Loan ( <b>Must have prior HOME Program Manager authorization</b> )
06		<b>HOME FUNDS</b> – Administration (State Recipients and CHDOs should both utilize this code for admin. CHDO's should also use this code for Activity Delivery Costs and Other Project Related Soft Costs)
11		<b>HOME FUNDS</b> – Activity Delivery Costs (Only State Recipients should utilize this code.)
09		<b>Non-HOME FEDERAL FUNDS</b> - Other (Describe Source) e.g. HUD 202, 811 programs, RD loans, FmHA loans, CDBG
E.		<b>STATE FUNDS</b> - Other (Describe Source) e.g. CHFA administered School Bonds, CalHome
F.	Match	<b>STATE FUNDS - MATCH</b> - (Describe Source)
FN	Match	<b>STATE FUNDS - MATCH – NOT PART OF PROJECT TOTAL</b> (Describe Source)
G.		<b>STATE - Tax Exempt Bond Proceeds</b> e.g. CHFA or Rural Gold loans (not counted as Match)
H.	Match	<b>STATE - Tax Exempt Bond Proceeds – MATCH</b> e.g. CHFA or Rural Gold loans
HN	Match	<b>STATE - Tax Exempt Bond Proceeds – MATCH – NOT PART OF PROJECT TOTAL</b> e.g. CHFA or Rural Gold loans
J.		<b>LOCAL FUNDS - RDA</b> (not counted as Match)
K.	Match	<b>LOCAL FUNDS - RDA – MATCH</b>
KN	Match	<b>LOCAL FUNDS - RDA – MATCH – NOT PART OF PROJECT TOTAL</b>
P.		<b>LOCAL FUNDS - OTHER</b> (Describe Source) (not counted as Match)
Q.	Match	<b>LOCAL FUNDS - OTHER - MATCH</b> (Describe Source) e.g. Property tax welfare exemption or fee waivers
QN	Match	<b>LOCAL FUNDS - OTHER – MATCH – NOT PART OF PROJECT TOTAL</b> (Describe Source) e.g. Property tax welfare exemption or fee waivers
R.		<b>PRIVATE LOANS</b> - (Specify lender name) e.g. banks or mortgage companies.
S.		<b>OWNER/TENANT CONTRIBUTIONS</b> - (Includes TBRA tenant contribution and owner contributions only)
T.	Match	<b>OWNER/TENANT CONTRIBUTIONS - MATCH</b> - (Includes sweat equity and voluntary labor)
TN	Match	<b>OWNER/TENANT CONTRIBUTIONS - MATCH - NOT PART OF PROJECT TOTAL</b> (Includes sweat equity and voluntary labor)
U.		<b>PRIVATE GRANT</b> - (Describe Source) – private grants that do not qualify as match, e.g. charitable contributions
V.	Match	<b>PRIVATE GRANT - MATCH</b> (Describe Source) e.g. waived title company fees, or AHP

VN	Match	<b>PRIVATE GRANT - MATCH - NOT PART OF PROJECT TOTAL</b> (Describe Source) e.g. waived title company fees, or AHP
W		<b><u>NET</u> Syndication Proceeds</b> – Investor/Limited Partners capital contributions from sale of Low-Income Tax Credits
X1		<b>LOW-INCOME TAX CREDITS - FEDERAL: NOT PART OF PROJECT TOTAL</b>
X2		<b>LOW-INCOME TAX CREDITS – STATE: NOT PART OF PROJECT TOTAL</b>
X3	Match	<b>LOW-INCOME TAX CREDITS –STATE - MATCH: NOT PART OF PROJECT TOTAL</b>
Y		Funds from the local HOME funds investment account. i.e., HOME program income or recaptured funds"
Z.	Match	<b>HOME-LIKE MATCH:</b> MATCH for HOME-Like Activities. Part of project total.
ZN	Match	<b>HOME-LIKE MATCH:</b> MATCH for HOME-Like Activities. Not part of project total.

**CHAPTER I**

**DISBURSING FUNDS**

**TROUBLESHOOTING**

The HOME program Fiscal staff has identified some frequent problems that may occur when contractor's request funds. We hope to avoid project delays by bringing these problems to your attention.

- Funds requested for project activities prior to the removal of Standard Agreement conditions or prior to a project being set up in IDIS.
- Project canceled by IDIS because first project drawdown was not made within 12 months of project set up.
- Project Drawdown Request exceeds amount set up for project. A revised Project Set Up form must be submitted to increase a project's funding amount before the Contractor can access the additional funds.
- Failure to submit a revised Project Funding Source Detail (HOME-3) form after revising a project set up amount. When requesting a "final" drawdown, you should submit a revised Funding Source Detail form to reflect the actual dollars spent if the amount varies from the original project set up. Additionally, a revised Funding Source Detail form is required when Program Income (PI) dollars are spent on a project in place of HOME Program Funds.
- Failure to submit a drawdown request form (HOME-4 or HOME-5) with an original signature. Fax copies of drawdown requests will not be accepted by the Department. Due to audit requirements, an original signature is required on all drawdown requests. If a drawdown request is missing the original signature it will be returned to the appropriate HOME Program Representative and will not be processed by the HOME Program Fiscal Unit staff until a request with an original signature is submitted.
- Failure to submit Delegation of Signature Letters prior to or concurrently with Administrative Drawdown Request (HOME-4) or Project Drawdown Request (HOME-5) forms. If the signature on the drawdown request does not match the Delegation of Authority Signature document the Department has on file, the drawdown request will be returned to the appropriate HOME Program Representative and will not be processed by the HOME Program Fiscal Staff until a Delegation of Signature Authority letter is received.

- Failure to submit a Payee Data Record (Std. 204) and Substitute Payee Letter prior to or concurrently with Administrative Drawdown Request (HOME-4) or Project Drawdown Request (HOME-5) forms. The drawdown request will be returned to the appropriate HOME Program Representative and will not be processed by the HOME Program Fiscal Unit staff until a Payee Data Record and Substitute Payee Letter are received.
- Project Drawdown Request does not include other funding sources being disbursed in the same period as covered by Project Drawdown Request.
- Standard Agreement Numbers not included on forms or are incorrectly reported.
- Failure to provide the Contractor's Program Income Local Account Balance on the Project Drawdown Request (HOME-5) form. All HOME Program Income must be disbursed prior to requesting more HOME Program funds. Either enter the balance of your Program Income Local Account or enter \$0.00 if the balance is zero. Do not leave this field blank.
- Project Numbers not included on forms or are incorrectly reported.
- Project Drawdown Requests are not rounded to whole dollars.
- Final drawdown request submitted to the Department in error. This request automatically activates the IDIS clock for a Project Completion Report to be submitted and processed. If this happens, a revised Project Set Up forms will have to be submitted to the Department and processed by HOME Program Fiscal staff in IDIS to reactivate the project account.
- The authorized signature on the drawdown request form is not the signature authorized by the Standard Agreement or the resolution. The request will be returned to the HOME Program Representative and will not be processed by the HOME Program Fiscal staff until the correct signature authorization has been received.



**SAMPLE LETTER REQUESTING A DESIGNATED PAYEE**

LETTERHEAD

Designated Payee Authorization

(Date)

(Your HOME Representative's Name)  
California Department of Housing and Community Development  
HOME Program  
P.O. Box 952054, MS 390-2B  
Sacramento, CA 94252-2054

RE: (Your HOME Standard Agreement Number)  
(HOME Contractor Name)

Dear (Your HOME Representative):

This letter authorizes (name of designated payee) located at (full address of designated payee) to act as the payee for (name of HOME Contractor) encumbered under Standard Agreement Number \_\_\_\_-HOME-\_\_\_\_\_, which will be used for costs associated with (name of HOME activity being undertaken, such as administration, acquisition, new construction, rehabilitation or tenant-based rental assistance). This authorization will remain in effect until (time frame, such as, until rescinded by written notice).

Sincerely,

(Signature of Authorized HOME Signatory)  
(Name of Authorized Signatory)  
(Title of Authorized Signatory)

CHAPTER I  
DISBURSING FUNDS

**REFERENCES**

**State HOME Regulations Sections 8200 thru 8220** provide that the Contractor shall comply with any terms and conditions which are necessary to comply with the HOME Investment Partnerships Program federal regulations (24 CFR Part 92).

**OMB Management Circular A-87** establishes principles and standards for determining costs applicable to grants, contracts and other agreements with State and local governments.

**OMB Management Circular A-84** promulgates standards for obtaining consistency and uniformity among federal agencies in the administration of grants to, and other agreements with, public and private institutions of higher education, public and private hospitals, and other quasi-public and private nonprofit organizations. This circular does not apply to grants, contracts, or other agreements between the federal government and units of State or local governments covered by OMB Circular A-87.

**OMB Management Circular A-122** establishes principles for determining costs of grants, contracts and other agreements with nonprofit organizations. It does not apply to colleges and universities which are covered by Circular A-21; State, local, and Federally recognized Indian tribal governments which are covered by OMB Circular A-87; or hospitals. The principles are designed to provide that the federal government bears its fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of cost sharing or matching on grants, contracts, or other agreements. However, such cost sharing or matching shall not be accomplished through arbitrary limitations on individual cost elements by federal agencies. Provisions for profit or other increment above cost is outside the scope of this Circular.

**OMB Management Circular A-133** provides policy guidance to federal agencies for establishing uniform requirements for audits of awards provided to institutions of higher education and other nonprofit organizations. It promotes the efficient and effective use of audit services.

**HOME Investment Partnerships Program Federal Regulations (24 CFR Part 92)** provide the operating and implementing HOME Program regulations.

**STATE OF CALIFORNIA HOME PROGRAM  
ADMINISTRATIVE DRAWDOWN REQUEST**

Contractor

Name: \_\_\_\_\_

HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_

This form is to be used for requesting payment of administrative costs as authorized under the above Standard Agreement. If this is the first payment request for administrative funds, the sources and amounts identified below should include all of the other funds expended at the time of this request including all other funding sources used to pay administrative costs. All subsequent requests for administrative funds should include all those sources and amounts used since the last administrative drawdown request. Please request and report funds rounded to the nearest dollar (no cents), and do not request less than \$100 unless it is your final administrative draw.

<b>Funding Source Code</b>	<b>List Funding Sources Being Used During This Disbursement Period Funding Source Description</b>	<b>Amount</b>
06	HOME Administrative Funds	\$
		\$
		\$
		\$
		\$
		\$
		\$

Beginning date on which administrative expenses were incurred under this drawdown request:			
Ending date on which administrative expenses were incurred under this drawdown request:			
Drawdown Number: _____	Final Draw?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STATE OF CALIFORNIA HOME PROGRAM  
ADMINISTRATIVE DRAWDOWN REQUEST**

**Certification**

This certifies the following:

1. that to the best of my knowledge, this report is true in all respects;
2. that all funding sources and amounts reported herein have been expended or will be expended at the time the requested HOME funds are disbursed in accordance with the above-numbered Standard Agreement;
3. that the work has been completed and the costs have been incurred for which payment is being requested; and
4. that I am specifically authorized to sign documents of this nature on behalf of the State Recipient/ CHDO. Proof of such authorization was submitted to the Department prior to this request or is attached to this request.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATE OF CALIFORNIA HOME PROGRAM  
PROJECT DRAWDOWN REQUEST**

Contractor Name: \_\_\_\_\_

HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_

State Recipients are required to identify, at least once per month, their undisbursed balance of Program Income/Recaptured funds ("Balance"). Please provide the following information:

a) Date of Balance: \_\_\_\_\_, b) Balance (if Balance is zero enter 0, do not leave blank): \$\_\_\_\_\_.

Please include only HOME projects funds (Funding Source Codes 01, 02, 04 05, and 11) on this request. Report funds rounded to the nearest dollar (no cents), and do not request less than \$100 unless it is your final drawdown request. Do not include program administrative funding. If the project was set up without tenant/owner name(s), please include the name(s) on this form for inclusion into the Department's records.

Funding Source Code	Funding Source Description	Amount
01	HOME Funds -	\$
01	HOME Funds -	\$
11	HOME Funds – Activity Delivery Costs (State Recipients Only)	\$
		\$
		\$

HUD Activity Number: _____ UOG Code: _____ Grantee Activity Number: M _____ - ____		Drawdown Request Number:	
For TBRA, Number of Tenants Assisted:	Final Draw?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For other than TBRA Project:	Owner Name:		
	Project Address:		

Payee Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STATE OF CALIFORNIA HOME PROGRAM  
PROJECT DRAWDOWN REQUEST

Certification

Contractor Name: \_\_\_\_\_

Standard Agreement Number: \_\_\_\_\_-HOME-\_\_\_\_\_

Grantee Activity Number: M\_ \_ \_ \_ \_ - \_ \_

This **certifies** to the following with respect to the above-named project:

1. that an inspection has been made of the above-identified project for which construction progress payments are requested or for which an inspection is otherwise required;
2. that a record of such inspection is being maintained in the project's permanent file;
3. that to the best of my knowledge this report is true in all respects;
4. that **all funding sources and amounts reported herein have been expended or will be expended at the time the requested HOME Program funds are disbursed** in accordance with the above-numbered Standard Agreement;
5. that **the work for which payment is being requested has been completed and the costs have been incurred**;
6. that all construction contractors and subcontractors being paid with the proceeds of this drawdown are licensed and in good standing with the California State Contractor's License Board, and are not listed on the Federal Consolidated List of Debarred, Suspended, and Ineligible Contractors;
7. that there are no mechanics liens recorded against the project from previous drawdowns; and
8. that I am specifically authorized to sign documents of this nature for the HOME Program on behalf of the State Recipient/CHDO. Proof of such authorization was submitted was submitted to the Department prior to this drawdown request or is attached to this request.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CHAPTER I

### **INSTRUCTIONS FOR COMPLETING QUARTERLY PERFORMANCE REPORT**

1. Name of Contractor: Enter the name of the State Recipient or CHDO Contractor receiving funding through the HOME Program as it appears on your Standard Agreement.
2. Contract Number: Enter the Standard Agreement number assigned by the Department.
3. Report Period: Mark the appropriate quarter and enter the year for the period covered by this report.

#### **Narrative Summary**

1. Describe the work undertaken and/or completed during the reporting period. Provide this information by activity, e.g. first-time homebuyer, new construction, rental rehabilitation, tenant based rental assistance, etc. Also address any special conditions listed in your Standard Agreement. When applicable, please complete the table regarding HOME assisted units.
2. Describe what activities you plan to undertake or complete during the next reporting period.
3. Describe any problems encountered thus far in implementing the program. Also describe the manner and timing by which problems were being addressed or resolved.
4. Describe how any problems that have arisen may impact your ability to complete or fulfill your contract obligations. If additional technical assistance by HOME staff would be beneficial, describe that need as well.
5. List, on the table provided, any projects funded from "Program Income" or "Recaptured Funds" which did not require drawing down any federal HOME funds.

## **INSTRUCTIONS FOR COMPLETING QUARTERLY PERFORMANCE REPORT**

### **Financial Summary**

1. **Standard Agreement**

Provide the beginning amount available for all project activities through your Standard Agreement, the amount drawn down to date, the remaining balance for project activities and the relevant percentages. For your own awareness, please compare the expenditure percentages to the expenditure milestones required under our new regulations. Provide the amount of match that has been documented to date. Provide the information requested regarding administrative funds identified in your Standard Agreement.

2. **Provide Information for all Program Income, Recaptured Funds, and the Repayment of Funds to the State**

Program Income

- the amount available at the beginning of the reporting quarter,
- any funds received during the quarter,
- any funds disbursed during the quarter,
- any funds retained for admin, and
- the balance of funds remaining at the end of the quarter.

Recaptured Funds—Homeownership

- the amount available at the beginning of the reporting quarter,
- any funds received during the quarter,
- any funds disbursed during the quarter,
- any funds retained for administration, and
- the balance of funds remaining at the end of the quarter.

3. **Repayment of Funds to the State – Rental Housing**

- a. The affordability period is dictated by the amount of HOME funds committed to each HOME-assisted unit and the type of housing activity funded. Federal Final Rule Section 92.252 addresses the minimum period of affordability for rental units.
  - The Department has established a policy that all loans from private, conventional lenders on HOME-assisted units must have a term that is at least the term of the affordability period, and that the loans must be fully amortizing (no balloons are permitted).



**INSTRUCTIONS FOR COMPLETING**  
**QUARTERLY PERFORMANCE REPORT**  
**(continued)**

- Rental units assisted by CHDO's are required to have affordability periods of 30 years.

b. Complete this section for any rental project that fails to maintain the affordability requirements.

4. **Signature, Title, Phone Number and Date**

The person submitting the quarterly report should provide his/her title, phone number, then sign and date the form.

## QUARTERLY PERFORMANCE REPORT (continued)

Name of Contractor: \_\_\_\_\_ State Contract No.: \_\_\_\_-HOME-\_\_\_\_

Reporting Period:   \_\_January 1 through March 31, 200\_\_  
                              \_\_April 1 through June 30, 200\_\_  
                              \_\_July 1 through September 30, 200\_\_  
                              \_\_October 1 through December 31, 200\_\_

**NOTE:**       **For each active HOME contract (a contract for which you have not filed all your final completion reports), a Quarterly Report is due within 30 days following the end of each calendar quarter.**

### Narrative Summary

1. What has been undertaken and/or completed during the reporting period? Please provide a response for each activity as well as address any special conditions listed in your Standard Agreement. When applicable, please complete the table below.

Activity	HOME Assisted Units In Contract	Units Provided In Prior Quarters	Units Provided This Quarter	Units Remaining

**QUARTERLY PERFORMANCE REPORT**  
**(continued)**

## Narrative Summary

2. What activities do you plan to undertake and/or complete during the NEXT reporting period? Please provide a response for each activity listed in your standard agreement.
3. Have any problems or issues arisen related to project development, financial management, environmental review, civil rights, labor standards, displacement/acquisition/ relocation, procurement, or other matters? If so, describe the nature of the problems and how they were being addressed or were resolved.

## QUARTERLY PERFORMANCE REPORT (continued)

### Narrative Summary

4. Describe problems, concerns, or issues that have arisen that may impact your ability to complete or fulfill your contract obligations. What, if any, additional technical assistance is needed to successfully complete this program/project?
5. List any projects funded solely with funds drawn from the local HOME account of your local HOME Investment Trust Fund during the most recent report period.

Owner/Project Name	Address	Activity	Amount	# of Units

## QUARTERLY PERFORMANCE REPORT (continued)

### Financial Summary

**Reminder: Please refer to your Standard Agreement for Expenditure Milestones**

1. **Standard Agreement:**

Total allocation for all <u>project activities</u>	\$ _____	
Total allocation for <u>activity delivery</u>	\$ _____	
(For State Recipients only)		
Funds drawn down to date	\$ _____	_____ %
Remaining balance	\$ _____	_____ %
 Match for funds drawn down to date	 \$ _____	 _____ %
 Total allocation for <u>administration</u>	 \$ _____	
 Funds drawn down to date	 \$ _____	 _____ %
Remaining balance	\$ _____	_____ %

QUARTERLY PERFORMANCE REPORT  
Continued

**2. Provide Information for all Program Income and Recaptured Funds:**

**Homeownership**

Program Income is the amount of principal and interest paid on a HOME loan. HOME funds used to assist homebuyers also have affordability requirements. The HOME investment must be recaptured if the homeowner recipient sells the house before the end of the affordability period. State Recipients may reduce the amount of the HOME investment that is recaptured on a pro rata basis to reflect the number of years the homeowner has owned and occupied the housing measured against the affordability period. For example: A homeowner who received a \$20,000 HOME loan, requiring a 10 year affordability period, sells the house after living in it for 5 years. The full principal amount of \$20,000 is repaid, but the State Recipient may treat 50% of the returned principal as Recaptured Funds and 50% as Program Income.

State Recipients are required to differentiate between these Program Income and Recaptured Funds due to the fact that 10% of Program Income can be used for administrative costs, whereas recaptured funds cannot be used for admin. 100% of Recaptured Funds must be invested in another HOME-eligible activity.

**Financial Summary**

	<b><u>Program Income</u></b>	<b><u>Recaptured Funds</u></b>	<b><u>Total</u></b>
1) Beginning balance	\$ _____	\$ _____	\$ _____
2) Amount <u>received</u> during quarter	\$ _____	\$ _____	\$ _____
<b>Amount <u>disbursed</u> during quarter:</b>	<b><u>Program Income</u></b>	<b><u>Recaptured Funds</u></b>	
3) Units also funded with HOME funds drawn down from HCD	\$ _____	\$ _____	
Amount retained for Admin	\$ _____	\$ _____	
4) Units assisted <b>only</b> with program income or recaptured funds	\$ _____	\$ _____	
Amount retained for Admin	\$ _____	\$ _____	
5) TOTAL <u>PROGRAM INCOME</u> / <u>RECAPTURED FUNDS</u> EXPENDED AT THE END OF REPORTING PERIOD: (Add lines 3 & 4)			\$ _____
6) BALANCE OF PROGRAM INCOME/RECAPTURED FUNDS in local account at end of reporting period. (Add lines 1 and 2, then subtract line 5 total)			\$ _____

## QUARTERLY PERFORMANCE REPORT Continued

### **3. Repayment of Funds to the State:**

#### **Rental Housing**

Rental units assisted with HOME funds are required to remain affordable for a designated length of time. The HOME-assisted units must remain affordable for the term of affordability specified in the HOME regulatory agreement secured against the property. The term of the HOME loan or any change in ownership does not terminate the HOME affordability restrictions. Neither the Department, as the PJ, nor any State Recipient, or CHDO is permitted to opt-out of the affordability requirements without triggering the “repayment” requirements. Further, the Department requires the State Recipients to fully enforce the affordability of any HOME-assisted rental units, even if it requires the use of legal remedies by the State Recipient.

When HOME funds are invested in a rental project that is terminated before completion, or invested in housing which failed to comply with the affordability requirements for the entire affordability period, the PJ must repay these funds to the U. S. Treasury. Any State Recipient which fails to maintain the affordability requirements for rental housing projects will be required to repay the Department in full (including any required interest). Failure to immediately repay HOME funds to the Department will result in penalties, including prohibition from submitting future applications for funding until the amount is repaid in full, and performance penalties the next time the State Recipient applies for funding.

### Financial Summary

#### **Repayment of Funds to the State:**

Contract No.: \_\_\_\_\_ -HOME- \_\_\_\_\_

Date of HOME Regulatory Agreement \_\_\_\_\_ Date Affordability Requirements expire: \_\_\_\_\_

HOME funds:	Project Owner:	Number of Units:
Interest:	Project Name:	Number of HOME Units:
Total Repayment:	Project Address:	City: Zip:

### Completed by

#### **4. Signature, Title, Phone Number and Date:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Homeownership Assistance Project Completion Report

U.S. Department of Housing  
and Urban Development  
Office of Community Planning  
and Development

OMB Approval No. 2506-0171  
(Exp. 11/30/2001)

## Home Program Cash and Management Information System

Instructions: For Homeownership First-Time Homebuyer Rehabilitation Assistance projects, submit this form not later than 120 days after the final draw and mail the original copy to: Home Program, P.O. Box 23997, L'Enfant Plaza Station, Washington, D.C. 20026.

Mark Appropriate Box

☐ Original Submission ☐ Revision

### Part A: Project Information

1. Project Number	2. Name of Participant	3. Participant Tax ID Number	4. CHDO Tax ID Number
5. Name & Phone Number (including area code) of person completing this form		6. Type of Property (fcheck one) (1) 1-4 Single Family (3) <input type="checkbox"/> Cooperative (2) Condominium (4) <input type="checkbox"/> Manufactured Home	

### Part B: Financial Structure of Project

Type of Activity Financed (check one)

- (1) ☐ Rehabilitation Only (3) ☐ Acquisition Only (5) ☐ Acquisition & New Construction  
(2) ☐ New Construction Only (4) ☐ Acquisition & Rehabilitation

#### Project Costs

1. Home Funds (Complete appropriate items (1) – (5))	(1) Direct Loan	Annual Interest Rate %	Amortization Period yrs.	\$	
	(2) Grant			\$	
	(3) Deferred Payment Loan (DPL)	Annual Interest Rate %	Amortization Period yrs.	\$	
	(4) Community Housing Development Organization (CHDO) Loan			\$	
	a. TA Loan				
b. Seed Loan					
Total CHDO Loan (Total items 4a & 4b)				\$	
(5) Other				\$	
Total Home Funds (Total Items (1) – (5))				\$	
2. Public Funds	(1) Other Federal Funds		\$	\$	
	(2) State/Local Appropriated Funds		\$		
	(3) State/Local Tax Exempt Bond Proceeds		\$		
	Total Public Funds (Total Items (1) – (3))			\$	
3. Private Funds	(1) Private Loan Funds	Annual Interest Rate %	Amortization Period yrs.	\$	\$
	(2) Owner Cash Contribution			\$	
	(3) Private Grants			\$	
	Total Private Funds (Total Items (1) – (3))				\$
4. HOME Program Income				\$	
5. Total Project Costs (Total Items 1 - 4)				\$	



**Part C: Financial Assistance to Homebuyer**    **Note: Complete for first time homebuyer projects only.**

1. Initial Purchase Price				\$
2. Appraised Value				\$
3. Total HOME Funds for Downpayment Assistance (sum of 3(a) + 3(b) + 3(c) + 3(d))				\$
(a)	Direct Loan	Annual Interest Rate %	Amortization Period yrs.	\$
(b)	Grant			\$
(c)	Deferred Payment Loan			\$
(d)	Other			\$
4. HOME Program Income for Downpayment Assistance				\$
5. Total HOME Funds for Downpayment Assistance (Items 3-4)				\$

**Part D: Complete for homeownership rehabilitation projects only.**

1. After Rehabilitation Value	\$
2. Single Family Mortgage Limit	\$

**Part E: Household Characteristics** Complete the first line for the unit to be occupied by an owner. Fill out the second (third/fourth) line(s) for the rental unit(s), if any. For an unoccupied unit, enter unit number, number of bedrooms and total rent and "9" as instructed.

Project Address				Project Number								
Unit No.	No. of Bedrooms	Is Unit Occupied?	Tenants Before	Monthly Rent (including Tenant Paid Utilities)			Income Data		Race/Ethnicity of Head of Household	Size of Household	Head of Household	Rental Assistance
				Tenant Contribution	Subsidy Amount	Total Rent	Monthly Gross Income	% of Area Median				
	0 - Efficiency 1 - 1Bdrm 2 - 2Bdrms 3 - 3Bdrms 4 - 4Bdrms 5 - 5 or more Bdrms	1 - Tenant 2 - Owner 9 - Vacant	1 - Yes 2 - No					1 - 0 - 30% 2 - 30 - 50% 3 - 50 - 60% 4 - 60 - 80%	1 - White 2 - Black 3 - Native Amer. 4 - Asian /Islander 5 - Hispanic 9 - Vacant	1 - 1 Person 2 - 2 Persons 3 - 3 Persons 4 - 4 Persons 5 - 5 Persons 6 - 6 Persons 7 - 7 Persons 8 - 8 or more Persons 9 - Vacant	1 - Single/ Non Elderly 2 - Elderly 3 - Related/ Single Parent 4 - Related/ Parent 5 - Other 9 - Vacant	1 - Section 8 2 - HOME TBA 3 - Other Assistance 4 - No Assistance 9 - Vacant

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

## Instructions for Completing the Homeownership Assistance Project Completion Report Form HUD-40096, HOME Program Cash and Management Information (C/MI) System

Read the instructions for each item carefully before completing the form. Use a typewriter or print carefully with a ball point pen. Prepare an original and one copy. Retain the copy.

### Mail the original to:

**HOME Program, P.O. Box 23997, L'Enfant Plaza Station,  
Washington, DC 20026.**

**Applicability.** This report must be completed for each homeowner-occupied single family project and for a property with one owner occupant and zero to three rental units. **Note:** Completion of a project with two or more homeowners should be reported on the multiple-unit Homeownership Project Completion Report. Such a project would also include two duplex properties each occupied by a homeowner but where the two properties are considered as one project.

**Timing.** The Homeownership Assistance Project Completion Report must be received by HUD within 120 days of requesting the final disbursement of HOME funds for the project. If the project completion report is not received within 120 days of the final disbursement for the project, the PJ's (or State Recipient's) access to the HOME C/MI System will be suspended until the report is received and processed in the HOME C/MI System. An amended completion report should be submitted when all units initially reported vacant are occupied and the change should be highlighted in yellow.

### Part A: Project Information

1. **Project Number.** Enter the 10-digit project number assigned by the HUD VRS during project set-up.
2. **Name of Participant.** Enter the name of the participating jurisdiction (PJ), or, for State recipient projects, the name of the State recipient (identified on the HUD-40100-State Designation of State Recipients form).
3. **Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement (HUD-40093); for a State recipient project, enter the State recipient's Tax ID Number from the HUD-40100--State Designation of State Recipients form.
4. **CHDO Tax ID Number.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) Identification Number for the CHDO shown in the Designation of Community Housing Development Organizations (CHDO) form (HUD-40098).
5. **Name & Phone Number of Person Completing Form.** Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.
6. **Type of Property.** Check one box to indicate the type of property assisted.

- (1) **1-4 Single Family**
- (2) **Condominium**
- (3) **Cooperative**
- (4) **Manufactured Home**

### Part B: Financial Structure of Project

1. **Type of Activity Financed.** Mark only one of the 5 available boxes for naming the project's HOME-assisted activity.
  - (1) **Rehabilitation Only.** A HOME-assisted rehabilitation project that did not include acquisition of real property. Such projects may have involved (a) repairs or improvement of residential unit(s) to bring the unit(s) up to the property standards required by 24 CFR 92.251;(b) the reconfiguration of a structure to reduce the total units in order to increase the number of large family units, (c) the addition of a room or rooms (e.g., bedroom or bathroom) outside the existing walls for purposes of meeting occupancy or code standards and (d) the adding of a unit or units within the existing structure.
  - (2) **New Construction Only.** Any project that involved (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s). **Note:** When projects have combined new construction in one building(s) with rehabilitation activities in another building(s) on one parcel of land, the projects, by type of activity (i.e.rehabilitation or new construction), must be administratively set up as separate projects in the HOME C/MI System.
  - (3) **Acquisition Only.** Acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable rental housing.
  - (4) **Acquisition and Rehabilitation.** A HOME-assisted rehabilitation project which included the acquisition of real property.
  - (5) **Acquisition and New Construction.** A HOME-assisted new construction project which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one year period prior to acquisition.

**Project Costs.** Include all HOME funds used for the project and all other funds (public and private) with one exception. Do not double count. If private funds are used for construction financing and those funds are later replaced by permanent financing, do not report both. Report all HOME funds expended on the project. (**Note:** Federal regulations specifically prohibit paying back HOME funds with HOME funds.) For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount reported on line 5 of Part

B should be the total cost of the project. The total amount of HOME funds reported in the block titled "Total HOME Funds (Total Items (1)-(5))" of Part B must equal the total amount disbursed by the C/MI System for this project.

1. **HOME Funds.** Include HOME program income on line 4 below titled "HOME Program Income" only. Do not include HOME program income in any of the following 5 HOME categories.

(1) **Direct Loan.** Enter the amount of HOME funds provided for this project in the form of a direct loan. Enter the loan's interest rate and amortization period. If there are multiple loans, enter the interest rate and term of the largest loan.

(2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (**Note:** A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)

(3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is sometimes called a conditional grant (e.g., repayment is required when the project is sold, or is forgiven if the owner does not sell the project for a specified number of years or repayment of principal and interest starts after the bank loan is repaid).

(4) **Community Housing Development Organization (CHDO) Loan.**

a. **Technical Assistance (TA) Loan.** Enter the amount of HOME funds provided as a CHDO TA loan for the project. Reference 24 CFR 92.301(a).

b. **Seed Money Loan.** Enter the amount of HOME funds provided as a CHDO seed loan for the project. Reference 24 CFR 92.301(b).

**Total CHDO Loan.** Enter the total of the amounts entered on cited on 4a and 4b.

(5) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed as (1) through (4).

**Total HOME Funds.** Enter the total of items (1) through (5) as the amount of HOME funds expended on the project.

2. **Public Funds.** Enter in blocks (1) through (3), the total amount of public funds expended on this HOME-assisted project.

(1) **Other Federal Funds.** Exclude any HOME funds expended on this project.

(2) **State/Local Appropriated Funds.**

(3) **State/Local Tax Exempt Bond Proceeds.**

**Total Public Funds.** Enter the total of items (1) through (3) as the amount of Public Funds expended on this project.

3. **Private Funds.**

(1) **Private Loan Funds.** Enter the amount of all of the costs for this project that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. (Do not double count.)

(2) **Owner Cash Contributions.** Enter the amount of all cash contributions provided by the project owner.

(3) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

**Total Private Funds.** Enter the total of items (1) through (3) as the amount of Private Funds expended on this project.

4. **HOME Program Income.** Enter the total amount of funds provided from HOME income. **Note:** Exclude all program income representing homeowner downpayment assistance, which is entered under PART C, Line 4, "HOME Program Income".

5. **Total Project Cost.** Enter the sum of totals for HOME funds, Public funds and Private funds and HOME Program Income. (Totals from the above items 1 through 4.)

### Part C. Financial Assistance to Homebuyer

Complete Part C for first-time homebuyer projects only.

1. **Initial Purchase Price.** Enter the price paid by the first-time homebuyer for the property as evidenced on the deed of trust note.

2. **Appraised Value.** Enter the estimated appraised value after any repair.

3. **HOME Funds for Downpayment Assistance.** Enter the amount of HOME Program funds, if any, provided as downpayment assistance to the homebuyer according to the following 4 categories: (**Note:** Do not include HOME funds provided as construction financing. HOME funds provided as construction financing should be reported in Part B of this form.) For definitions of the four categories, refer to the description of HOME funds in Part B.

(a) **Direct Loan**

(b) **Grant**

(c) **Deferred Payment Loan**

(d) **Other**

4. **HOME Program Income.** Enter the amount of HOME Program income provided as downpayment assistance to the homebuyer only. **Note:** Do not double count.

5. **Total HOME Funds for Downpayment Assistance.** Enter the amount of HOME Program funds provided as downpayment assistance to the homebuyer (items 3 and 4).

### Part D. Homeownership Rehabilitation Projects Only

The information requested below pertains only to those projects that have been checked in Part B of this form as rehabilitation only or as acquisition and rehabilitation.

1. **After Rehabilitation Value.** Enter the dollar value of the property. The dollar value is the appraised value of the property before rehabilitation plus the total rehabilitation cost (i.e. all materials, supplies and labor costs directly related to the rehabilitation of the property).

2. **Single Family Mortgage Limit.** Enter the applicable section 203(b) FHA mortgage limit. If a higher limit has been authorized for HOME for your jurisdiction, enter that higher limit.

### Part E. Household Characteristics

Complete the first line for the unit to be occupied by an owner. Fill out the second (third/fourth) line(s) for the rental unit(s), if any. For an unoccupied unit, enter unit number, number of bedrooms and total rent and "9" as instructed.

**Project Address & Project Number.** Enter the address (or if no unique street address, the unit number) of the HOME-assisted property. Also enter the 10-digit project number assigned by the HUD VRS at the completion of the project set-up call. This number should be the same as that entered in Part A, Block #1.

**Unit Number.** Enter the unit number of each unit assisted with HOME funds.

**Number of Bedrooms.** Enter "0" for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Occupancy.** Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

**Owner/Tenant in Project prior to the HOME assistance.** Enter 1, if the tenant was residing in the project prior to the HOME assistance. Enter 2, if the tenant was not residing in the project prior to the HOME assistance.

**Monthly Rent** (Including Utilities).

**Tenant Contribution.** For homeowners, enter O. For tenants, enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time of project completion. If the rent includes utilities, or if the rent includes partial utilities, e.g., heat, but not electricity, these utility costs must be added to the rent. Compute utility costs for the area, and in the case of partial utilities, compute costs for utilities excluded from the rent), by using the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**Subsidy Amount.** For homeowner, enter O. For tenant, enter the amount that the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter "O".

**Total Rent.** Enter the total monthly rent (tenant contribution plus subsidy amount).

#### Income Data.

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median.** For each occupied residential unit, enter one code only based on the following definitions:

1. **0-30** Percent of Area Median means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
2. **30-50** Percent of Area Median means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
3. **50-60** Percent of Area Median means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
4. **60-80** Percent of Area Median means a household whose

adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

#### Household Data

**Race/Ethnicity-Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

1. **White, Not Hispanic Origin.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East, but not of Hispanic origin.
2. **Black, Not Hispanic Origin.** A person having origins in any of the black racial groups of Africa, but not of Hispanic origin.
3. **Native American.** A person having origins in any of the original peoples of the North American Continent and who maintains cultural identification through tribal affiliations or community recognition.
4. **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands and Samoa.
5. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
9. **Vacant Unit.** Self-explanatory.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8). Enter 9 for a vacant unit.

**Type of Household:** For each residential unit, enter one code only based on the following definitions:

1. **Single/Non-Elderly.** One person household in which the person is not elderly.
2. **Elderly.** One or two person household with a person at least 62 years of age.
3. **Related/Single Parent.** A single parent household with a dependent child or children (18 years old or younger).
4. **Related/Two Parent.** A two parent household with a dependent child or children (18 years old or younger).
5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.
9. **Vacant Unit.** Self-explanatory.

**Rental Assistance:** Enter one code only to indicate the type of assistance, if any, being provided to the tenant.

1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.
2. **HOME Tenant Based Rental Assistance.** Tenants receiving HOME tenant-based assistance.
3. **Other Assistance.** Tenants receiving rental assistance through other Federal, State or local rental assistance programs.
4. **No Assistance.** Self-explanatory.
9. **Vacant Unit.** Self-explanatory.

**Multiple-unit Homeownership**  
**Assistance Project Completion Report**  
HOME Program  
Cash and Management Information System

**U.S. Department of Housing  
and Urban Development**  
Office of Community Planning  
and Development

OMB Approval No. 2506-0171  
(exp.11/30/2001)

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

**Part A**

1. Project number	2. Name of participant	3. Participant tax ID
4. CHDO tax ID	5. Name & phone number of person completing form	
6. Type of property (check one) (1) <input type="checkbox"/> 1-4 SingleFamily    (2) <input type="checkbox"/> Condominium    (3) <input type="checkbox"/> Cooperative    (4) <input type="checkbox"/> Manufactured Home		

**Part B - Total Project Costs**

Type activity financed (check one)

- (1) ☐ Rehabilitation Only    (3) ☐ Acquisition Only    (5) ☐ Acquisition & New Construction  
(2) ☐ New Construction Only    (4) ☐ Acquisition & Rehabilitation

1. <b>Total HOME Funds</b> (sum of 1a + 1b + 1c)		\$
(a) HOME funds other than CHDO loans	\$	
(b) CHDO TA Loan	\$	
(c) CHDO Seed Loan	\$	
2. <b>Total Public Funds</b> (sum of 2a + 2b + 2c)		\$
(a) Other Federal funds	\$	
(b) State/local appropriated funds	\$	
(c) State/local tax exempt bond proceeds	\$	
3. <b>Total Private Funds</b>		\$
4. <b>Total HOME Program Income</b>		\$
5. <b>Total Project Costs</b> (total items 1 thru 4)		\$

**Part C - Unit Costs and Owner/Tenant characteristics**

Project number (enter project Number on every Part C sheet)

Part C number (enter "1" on the first Part C sheet, "2" on the 2nd, etc.)

a. Street address/number of unit

b. Initial purchase price

\$

c. Appraised value of unit

\$

d. After rehabilitation value

\$

e. Single family mortgage limit

\$

Type of Funds*	Method of Assistance**	For loans. also include the annual interest rate and the amortization period. →	Annual Interest Rate %	Amortization Period yrs.	\$
f.	Type of Funds		Annual Interest Rate %	Amortization Period yrs.	\$
g.	Type of Funds		Annual Interest Rate %	Amortization Period yrs.	\$
h.	Type of Funds		Annual Interest Rate %	Amortization Period yrs.	\$
i.	Type of Funds		Annual Interest Rate %	Amortization Period yrs.	\$
j.	Type of Funds		Annual Interest Rate %	Amortization Period yrs.	\$
k.	Type of Funds		Annual Interest Rate %	Amortization Period yrs.	\$
l.	Type of Funds		Annual Interest Rate %	Amortization Period yrs.	\$
m.	Type of Funds		Annual Interest Rate %	Amortization Period yrs.	\$
n.	Type of Funds		Annual Interest Rate %	Amortization Period yrs.	\$

o. **Total Cost** of unit (including downpayment assistance)

\$

**\* Type of Funds:** enter

- 1 for HOME for project costs,  
2 for HOME for downpayment assistance,  
3 for HOME program income,  
4 for other Federal,

- 5 for State or local appropriated,  
6 for State or local tax exempt bond proceeds,  
7 for private loan funds,  
8 for owner contribution, and  
9 for private grants.

**\*\* Method of Assistance:** enter

- 1 for direct loan  
2 for grant  
3 for deferred payment loan (DPL)  
4 for CHDO Loan, and  
5 for other.

**Owner (or tenant) Characteristics**

				Monthly Rent (Include tenant-paid utilities)			Income data					
Unit No.	No. of Bed-Rooms	Occupancy	Tenant Before	Tenant contribution	Subsidy Amount	Total Rent	Monthly Gross Income	% of Area Median	Race/Ethnicity of Head of Household	Size of Household	Head of Household	Rental Assistance

Fill out an additional Part C for each owner occupied unit.  
Number each Part C sequentially (1, 2, 3, etc..) in the designated space above.

**Instructions for completing the Multiple-unit Homeownership Assistance Project Completion Report, form HUD-40096-M**  
HOME Program Cash and Management Information System, .

Read the instructions for each item carefully before completing the form. Use a typewriter or print carefully with a ball point pen. Prepare an original and one copy. Mail the original to HOME Program, P.O. Box 23997, L'Enfant Plaza Station, Washington, D.C. 20026. Retain one copy.

**Applicability.** This Multiple Homeownership Assistance Project Completion Report has been developed to reduce the burden of setting up, and drawing down funds for, a multiple homeowner project such as a 100 unit condominium. PJs will no longer need to set up 100 separate projects, and draw down funds against 100 separate projects to build such a project. This form is to be used to report the completion of any project that includes **two or more homeowners** and that is on land held in one ownership prior to project completion. **Note:** Where homeowner projects were set up separately, the completions must be reported separately.

Examples of such projects include: a PJ developing a subdivision for homeownership, buying or building a cooperative or condominium for first-time homebuyers, buying land for a mobile home park, replacing the roof and elevator in an existing condominium. The subdivision could involve developing single family homes or multiple duplexes (or triplexes or fourplexes) where an owner resides in one unit of the duplex (triplex, fourplex) and a tenant(s) resides in the other(s).

For other multiple homeowner projects that include HOME-assisted rental units, the rental units must be set up as a separate (rental) project. Thus developing an apartment building with 50 condo ownership units and 50 rental units would be set up as two projects.

Parts A and B are filled out once. A separate Part C is filled out for each homeowner property.

**Timing:** The Project Completion Report must be received by HUD within 120 days of requesting the final disbursement of HOME funds for the project. If the project completion report is not received within 120 days of the final disbursement for the project, the PJ's (or State Recipient's) access to the HOME C/MI System will be suspended until the report is received and processed in the HOME C/MI System. An amended completion report should be submitted when all units initially reported vacant are occupied and the change should be highlighted in yellow.

**Part A: Project Information**

1. **Project Number.** Enter the 10-digit project number assigned by the HUD VRS during project set-up.
2. **Name of Participant.** Enter the name of the participating jurisdiction, or in the case of State recipient projects, the name of the State recipient (identified on the HUD-40100, State Designation of State Recipients form).
3. **Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement (HUD-40093); for a State recipient project, enter the State recipient's Tax ID Number from the HUD-40100, State Designation of State Recipients form.
4. **CHDO Tax ID Number.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) Identification Number for the CHDO shown in the Designation of Community Housing Development Organizations (CHDO) form (HUD-40098).
5. **Name & Phone Number (Including Area Code) of Person Completing Form.** Enter the name and phone number of the person to contact for further information regarding this report form.
6. **Type of Property.** Check one type only.

**Part B: Financial Structure of Project**

**Type Activity Financed.** Check one type only.

**Project Costs.** Include all HOME funds used for the project and all other funds (public and private) with one exception. **Do not double count.** If private funds are used for construction financing and those funds are later replaced by permanent financing, **do not report both.** Report all HOME funds expended on the project. (**Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.** HOME downpayment assistance **may not** be used for acquisition or construction costs paid earlier with HOME funds.) For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount reported on line 5. of Part B should be the total cost of the project. The amounts reported for each unit under Part C must add up to the total amounts reported here in Part B. The total amount of HOME funds reported on Line 1 of Part B must equal the total amount disbursed by the C/MI System for this project.

1. **HOME Funds.** (Include HOME Program income in line 4 below, not here). Include all HOME funds including those used for project costs and for downpayment assistance.
  - (a) Enter the total amount of all HOME funds other than CHDO loans.
  - (b) Enter the amount of any CHDO technical assistance loan, if any.
  - (c) Enter the amount of any CHDO seed money loan, if any.
2. **Public Funds.**
  - (a) Enter the amount of other Federal funds.
  - (b) Enter the amount of all State and local appropriated funds.
  - (c) Enter the amount of all State and local bond funds.
3. **Private Funds.** Enter the total of all private funds including private loans, owner equity, private grants and other private funds.
4. **HOME Program Income.** Enter the total amount of funds provided from HOME program income.
5. **Total Project Cost.** Enter the totals from lines 1 through 4 above.

**Part C: Unit Costs and Owner/Tenant characteristics.**

**A separate Part C is filled out for each owner-occupied property.**

**Project Number.** Enter the 10-digit project number assigned by the HUD VRS during project set-up, entered on Part A, Block 1.

**Part C Number.** Number each Part C sequentially starting with "1."

**Special instruction for multiple homeowner projects containing rental units.** Just as the Homeowner completion form may be used for projects including up to three rental units, this form may be used in the same manner. Where information about the "unit" is requested, enter information about the duplex (triplex, fourplex). Information about the household characteristics of the tenant(s) is entered on line 2 (3, 4) below under **Household Characteristics.**

- a. **Street address/number of unit.** Enter the address (or, if no unique street address, the unit number) of the HOME-assisted property.
- b. **Initial purchase price.** For first-time homebuyers, enter the price paid by the first-time homebuyer for the property.
- c. **Appraised Value.** For first-time homebuyers, enter the estimated appraised value of the unit after any repair.
- d. **After Rehabilitation Value.** For existing owners, enter the estimated value of the unit after rehabilitation.
- e. **Single Family Mortgage Limit.** Enter the applicable section 203(b) mortgage limit. If a higher limit has been authorized for HOME for your jurisdiction, enter that higher limit.
- f. - n. For each source of assistance (HOME, public or private), starting with **all** HOME assistance, enter the type of funds, the method of

assistance and, for loans, the annual interest rate and term, in years. If there are more than nine sources/methods, do the following. List HOME funds first, then the other largest sources. In the ninth block (n) aggregate the remaining funds under the next largest source and method. Do not double count (see above, Part B, Project Costs, for instructions on avoiding double counting).

**Household Characteristics** Complete the first line for the unit to be occupied by an owner. For most multiple homeowner projects this is the only line that will be used.

**Special instruction for duplexes with one owner occupant and one rental unit.** (Also applies to triplex/fourplex with one owner occupant and two /three rental units.) Fill out the second (third/fourth) line(s) for the rental unit(s).

**Unit Number.** Enter the unit number of each unit assisted with HOME funds.

**Number of Bedrooms.** Enter "0" for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Occupancy.** Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

**Owner/Tenant in Project prior to the HOME assistance.** Enter 1, if the owner/tenant was residing in the project prior to the HOME assistance. Enter 2, if the owner/tenant was not residing in the project prior to the HOME assistance.

#### **Monthly Rent (Including Utilities).**

**Tenant Contribution.** For homeowners, enter 0. For tenants, enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time of project completion. If the rent includes utilities, or if the rent includes partial utilities, *e.g.*, heat, but not electricity, these utility costs must be added to the rent. Compute utility costs for the area (and in the case of partial utilities, compute costs for utilities excluded from the rent), by using the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**Subsidy Amount.** For homeowners, enter 0. Enter the amount that the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter "0".

**Total Rent.** For homeowners enter 0. For renters enter the total monthly rent (Tenant Contribution plus Subsidy Amount).

#### **Income Data.**

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median.** For each occupied residential unit, enter one code only based on the following definitions:

1. **0 - 30 Percent of Area Median** means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
2. **30 - 50 Percent of Area Median** means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
3. **50 - 60 Percent of Area Median** means a household whose adjusted income exceeds 50 percent and does not exceed 60

percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

4. **60 - 80 Percent of Area Median** means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

#### **Household Data**

**Race/Ethnicity-Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

1. **White, Not Hispanic Origin.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East, but not of Hispanic origin.
2. **Black, Not Hispanic Origin.** A person having origins in any of the black racial groups of Africa, but not of Hispanic origin.
3. **Native American.** A person having origins in any of the original peoples of the North American Continent and who maintains cultural identification through tribal affiliations or community recognition
4. **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands and Samoa.
5. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
9. **Vacant Unit.** Self-explanatory.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8). Enter 9 for a vacant unit.

**Head of Household:** For each residential unit, enter one code only based on the following definitions:

1. **Single/Non-Elderly.** One person household in which the person is not elderly.
2. **Elderly.** One or two person household with a person at least 62 years of age.
3. **Related/Single Parent.** A single parent household with a dependent child or children (18 years old or younger).
4. **Related/Two Parent.** A two parent household with a dependent child or children (18 years old or younger).
5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.
9. **Vacant Unit.** Self-explanatory.

**Rental Assistance:** For homeowners enter 4. For renters, enter one code only to indicate the type of assistance, if any, being provided to the tenant. Enter 1 for Section 8 assistance, 2 for HOME tenant-based rental assistance, 3 for other, 4 for no assistance, and 9 if the unit is vacant.



**Rental Housing  
Project Completion Report**  
Home Program  
Cash and Management Information System

**U.S. Department of Housing  
and Urban Development**  
Office of Community Planning  
and Development

OMB Approval No. 2506-0171  
(Exp. 11/30/2001)

**Instructions:** Submit this form when the Project is 100 percent occupied, but not later than 120 days after the final disbursement request. Send the completed form to:  
HOME Program, P.O. Box 23997, L'Enfant Plaza Station, Washington, D.C. 20026.

Mark the Appropriate Box

☐ Original Submission ☐ Revision

**Part A: Project Information**

1. Project Number	3. Name of Participant	3. Participant's Tax ID Number
4. CHDO Tax ID Number	5. Name & Phone Number (including Area Code) of person completing form	
6. Type of Property (check one) (1) <input type="checkbox"/> Condominium (3) <input type="checkbox"/> Single Room Occupancy (2) <input type="checkbox"/> Cooperative (4) <input type="checkbox"/> None of the Above	7. Does Project Have Rent Exception? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No	8. Mixed Income Project? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No
		9. Mixed Use Project? (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No

**Part B: Financial Structure of Project**

Type of Activity Financed (check one)

- (1) ☐ Rehabilitation Only  
(2) ☐ New Construction Only  
(3) ☐ Acquisition Only  
(4) ☐ Acquisition & Rehabilitation  
(5) ☐ Acquisition and New Construction

**Project Costs**

1. Home Funds (Complete appropriate items (1) – (5))	(1) Direct Loan	Annual Interest Rate %	Amortization Period yrs. \$
	(2) Grant		\$
	(3) Deferred Payment Loan (DPL)	Annual Interest Rate %	Amortization Period yrs. \$
	(4) Community Housing Development Organization (CHDO) Loan		
	a. TA Loan		\$
	b. Seed Loan		\$
	Total CHDO Loan (Total items 4a and 4b)		\$
	(5) Other		\$
	<b>Total Home Funds</b> (Total Items (1) – (5))		\$
2. Public Funds	(1) Other Federal Funds		\$
	(2) State/Local Appropriated Funds		\$
	(3) State/Local Tax Exempt Bond Proceeds		\$
	<b>Total Public Funds</b> (Total Items (1) – (3))		\$
3. Private Funds	(1) Private Loan Funds	Annual Interest Rate %	Amortization Period yrs. \$
	(2) Owner Cash Contribution		\$
	(3) Net Syndication Proceeds (No low income tax credit)		\$
	(4) Private Grants		\$
	<b>Total Private Funds</b> (Total Items (1) – (4))		\$
4. Low Income Tax Credit Syndication Proceeds			\$
5. HOME Program Income			\$
6. Total Project Cost (Total Items 1. – 5.)			\$

Project Address	Project Number
-----------------	----------------

No. of Bedrooms Code	Tenants Before Code	Race/Ethnicity of Head of Household Code	Size of Household Code	Type of Household Code	Rental Assistance Code
1 - 1 Bedroom	1 - Yes	1 - White	1 - 1 Person	1 - Single/non-Elderly	1 - Section 8
2 - 2 Bedrooms	2 - No	2 - Black	2 - 2 Persons	2 - Elderly	2 - HOME TBA
3 - 3 Bedrooms		3 - Native American	3 - 3 Persons	3 - Related/Single Parent	3 - Other
4 - 4 Bedrooms	<b>% of Area Median Code</b>	4 - Asian/Islander	4 - 4 Persons	4 - Related/Parent	4 - NoAssistance
5 - 5 or more Bedrooms	1 - 0 - 30%	5 - Hispanic	5 - 5 Persons	5 - Other	9 - Vacant unit
	2 - 30 - 50%	9 - Vacant unit	6 - 6 Persons	9 - Vacant unit	
<b>Occupancy Code</b>	3 - 50 - 60%		7 - 7 Persons		
1 - Tenant	4 - 60 - 80%		8 - 8 or more Persons		
2 - Owner			9- Vacant unit		
9 - Vacant					

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

## Instructions for Completing the Rental Housing Project Completion Report, form HUD-40097, HOME Program Cash and Management Information (C/MI) System

Read the instructions for each item carefully before completing the form. Use a typewriter or print carefully with a ball point pen. Prepare an original and one copy. Retain the copy.

Mail the original to:

**HOME Program,  
P.O. Box 23997, L'Enfant Plaza Station,  
Washington, DC 20026.**

**Applicability.** This report must be completed for each rental housing project assisted with HOME funds. It is to be used only for a project having no owner occupants or for a project with an owner occupant and 4 or more rental units. NOTE: Completion of a project with one owner occupant and zero to three rental units should be reported on the Homeownership Assistance Project Completion Report. Completion of a project with two or more homeowners should be reported on the multiple-unit Homeownership Project Completion Report.

**Timing.** The Rental Housing Project Completion Report must be received by HUD within **120 days** of requesting the final disbursement of HOME funds for the project. If the project completion report is not received within 120 days of the final disbursement for the project, the PJ's (or State Recipient's) access to the HOME C/MI System will be suspended until the report is received and processed in the HOME C/MI System. An amended completion report should be submitted when all units initially reported vacant are occupied and the change should be highlighted in yellow.

### Part A: Project Information

- 1. Project Number.** Enter the 10-digit project number assigned by the HUD VRS during project set-up.
- 2. Name of Participant.** Enter the name of the participating jurisdiction (PJ), or, for State recipient projects, the name of the State recipient (identified on the HUD-40100-State Designation of State Recipients form).
- 3. Participant's Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement (HUD-40093); for a State recipient project, enter the State recipient's Tax ID Number from the HUD-40100--State Designation of State Recipients form.
- 4. CHDO Tax ID Number.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) Identification Number for the CHDO shown in the Designation of Community Housing Development Organizations (CHDO) form (HUD-40098).

**5. Name & Phone Number of Person Completing Form.** Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.

**6. Type of Property.** Check one box to indicate the type of property assisted:

- (1) Condominium
- (2) Cooperative
- (3) Single Room Occupancy
- (4) None of the Above

**7. Rent Exception.** HUD may adjust the qualifying rent established for a project under §92.252(d) if HUD finds an adjustment is necessary to maintain the financial viability of the project. Mark one box to indicate whether or not the project has a rent exception.

**8. Mixed-Income Project.** Mark "yes" where less than 100 percent of the project's housing units qualify as affordable housing as defined in section 92.252 of the HOME regulations. Mark "no" if the project is not a mixed-income project.

**9. Mixed-Use Project.** Mark "yes" for a project that is designated in part for uses other than residential but where residential living space must constitute at least 51 percent of the project space. Mark "no" if the project is not a mixed-use project.

### Part B: Financial Structure of Project

**1. Type of Activity Financed.** Mark only one of the 5 available boxes for naming the project's HOME-assisted activity. **Note:** Even though the project may have HOME Tenant-Based Assistance activities, for the purposes of PART B, such activities will not be included.

(1) **Rehabilitation Only.** A HOME-assisted rehabilitation project that did not include acquisition of real property. Such projects may have involved (a) repairs or improvement of residential unit(s) to bring the unit(s) up to the property standards required by 24 CFR 92.251;(b) the reconfiguration of a structure to reduce the total units in order to increase the number of large family units, (c) the addition of a room or rooms (e.g., bedroom or bathroom) outside the existing walls for purposes of meeting occupancy or code standards and (d) the adding of a unit or units within the existing structure.

(2) **New Construction Only.** Any project that involved (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s). NOTE: When projects have combined new construction in one building(s) with rehabilitation activities in another building(s) on one parcel of land, the projects, by type of

activity (i.e. rehabilitation or new construction), must be administratively set up as separate projects in the HOME C/MI System.

- (3) **Acquisition Only.** Acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable rental housing.
- (4) **Acquisition and Rehabilitation.** A HOME-assisted rehabilitation project which included the acquisition of real property.
- (5) **Acquisition and New Construction.** A HOME-assisted new construction project which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one year period prior to acquisition.

**Project Costs.** Include all HOME funds used for the project and all other funds (public and private) with one exception. **Do not double count.** If private funds are used for construction financing and those funds are later replaced by permanent financing, **do not report both.** Report all HOME funds expended on the project. (Note: *Federal regulations specifically prohibit paying back HOME funds with HOME funds.*) For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount reported on line 6 of Part B should be the total cost of the project. The total amount of HOME funds reported in the block titled "Total HOME Funds (Total Items (1)-(5))" of Part B must equal the total amount disbursed by the C/MI System for this project.

**1. HOME Funds.** Include HOME program income on line 5, below, titled "HOME Program Income" only. Do not include HOME program income in any of the following 5 HOME categories.

- (1) **Direct Loan.** Enter the amount of HOME funds provided for this project in the form of a direct loan. Enter the loan's interest rate and amortization period. If there are multiple loans, enter the interest rate and term of the largest loan.
- (2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (NOTE: A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)
- (3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payment of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is sometimes called a conditional grant (e.g., repayment is required when the project is sold, or is forgiven if the owner does not sell the project for a specified number of years or repayment of principal and interest starts after the bank loan is repaid).

(4) **Community Housing Development Organization (CHDO) Loan.**

**a. Technical Assistance (TA) Loan.** Enter the amount of HOME funds provided as a CHDO TA loan for the project. Reference 24 CFR 92.301(a).

**b. Seed Money Loan.** Enter the amount of HOME funds

provided as a CHDO seed loan for the project. Reference 24 CFR 92.301(b).

**Total CHDO Loan.** Enter the total of the amounts entered on cited on 4a and 4b.

- (5) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed as (1) through (4).

**Total HOME Funds.** Enter the total of items (1) through (5) as the amount of HOME funds expended on the project.

**2. Public Funds.** Enter in blocks (1) through (3), the total amount of public funds expended on this HOME-assisted project.

(1) **Other Federal Funds.** Exclude any HOME funds expended on this project.

(2) **State/Local Appropriated Funds.**

(3) **State/Local Tax Exempt Bond Proceeds.**

**Total Public Funds.** Enter the total of items (1) through (3) as the amount of Public Funds expended on this project.

**3. Private Funds.**

(1) **Private Loan Funds.** Enter the amount of all of the costs for this project that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. (**Do not double count.**)

(2) **Owner Cash Contributions.** Enter the amount of all cash contributions provided by the project owner.

(3) **Net Syndication Proceeds.** Enter the net amount of syndication proceeds, excluding low-income tax credits, provided in financing this project.

(4) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

**Total Private Funds.** Enter the total of items (1) through (4) as the amount of Private Funds expended on this project.

**4. Low Income Tax Credit Syndication Proceeds.** Enter the total amount of syndicated Low Income Tax Credits provided to the financing of this project.

**5. HOME Program Income.** Enter the total amount of funds provided from HOME repayment income.

**6. Total Project Cost.** Enter the sum of totals for HOME funds, Public funds and Private funds, Low Income Tax Credit Syndication Proceeds, and HOME Program Income. (Totals from the above lines 1 through 5.)

### Part C. Household Characteristics

Complete one line for each unit assisted with HOME funds and enter one code only in each block. For projects which include multiple addresses, complete Part C for each address. For an unoccupied unit, enter unit number, number of bedrooms and total rent and "9" as instructed.

**Unit Number.** Enter the unit number of each unit assisted with HOME funds.

**Number of Bedrooms.** Enter "0" for a single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2

bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Occupancy.** Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

**Tenant in Project prior to the HOME assistance.** Enter 1, if the tenant was residing in the project prior to the HOME assistance. Enter 2, if the tenant was not residing in the project prior to the HOME assistance.

#### **Monthly Rent (Including Utilities).**

**Tenant Contribution.** Enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time of project completion. If the rent includes utilities, or if the rent includes partial utilities, *e.g.*, heat, but not electricity, these utility costs must be added to the rent. Compute utility costs for the area (and in the case of partial utilities, compute costs for utilities excluded from the rent), by using the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**Subsidy Amount.** Enter the amount that the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter "O".

**Total Rent.** Enter the total monthly rent (tenant contribution plus subsidy amount).

#### **Income Data.**

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median.** For each occupied residential unit, enter one code only based on the following definitions:

1. **0-30 Percent of Area Median** means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
2. **30-50 Percent of Area Median** means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
3. **50-60 Percent of Area Median** means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.
4. **60-80 Percent of Area Median** means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD with adjustments for smaller and larger families.

#### **Household Data**

**Race/Ethnicity-Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

1. **White, Not Hispanic Origin.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East, but not of Hispanic origin.

2. **Black, Not Hispanic Origin.** A person having origins in any of the black racial groups of Africa, but not of Hispanic origin.

3. **Native American.** A person having origins in any of the original peoples of the North American Continent and who maintains cultural identification through tribal affiliations or community recognition.

4. **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands and Samoa.

5. **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

9. **Vacant Unit.** Self-explanatory.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, also enter 8). Enter 9 for a vacant unit.

**Type of Household:** For each residential unit, enter one code only based on the following definitions:

1. **Single/Non-Elderly.** One person household in which the person is not elderly.

2. **Elderly.** One or two person household with a person at least 62 years of age.

3. **Related/Single Parent.** A single parent household with a dependent child or children (18 years old or younger).

4. **Related/Two Parent.** A two parent household with a dependent child or children (18 years old or younger).

5. **Other.** Any household not included in the above 4 definitions, including two or more unrelated individuals.

9. **Vacant Unit.** Self-explanatory.

**Rental Assistance:** Enter one code only to indicate the type of assistance, if any, being provided to the tenant.

1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section 8 Housing Voucher Program under 24 CFR part 887.

2. **HOME Tenant Based Rental Assistance.** Tenants receiving HOME tenant-based assistance.

3. **Other Assistance.** Tenants receiving rental assistance through other Federal, State or local rental assistance programs.

4. **No Assistance.** Self-explanatory.

9. **Vacant Unit.** Self-explanatory.

## STATE OF CALIFORNIA HOME PROGRAM

# Addendum To Project Completion Report

**For Submittal With Each HOME Project Completion Report and any Subsequent Revisions**

**PART A: Contractor Information**

Contractor Name: \_\_\_\_\_, ☐ Original Submittal, ☐ Revision

Name and phone # of person completing this form \_\_\_\_\_, Date: \_\_\_\_\_

**PART B: Project Information**

Grantee Activity Number: M \_ \_ \_ \_ \_ - \_ \_ \_

HUD Activity Number: \_ \_ \_ \_ \_

Owner or Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Does the Federal Housing Administration (FHA) insure the project? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are the units or unit accessible to disabled persons as defined by Section 504 of the Rehabilitation Act of 1973? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the number of accessible units? \_\_\_\_\_

For the Total Project Costs (Item 5 of the Project Completion Report) provide the following breakdown according to funding source. Funding Source Codes and Descriptions are available on the reverse side of this form:

Funding Source Code	Check Here If Match	Funding Source Description	Amount(s) Part of Project Total	Amount(s) Not Part of Project Total
01		HOME Funds -	\$	
11		HOME Funds - Activity Delivery Costs	\$	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total - Should equal Part A.7. on Project Set-Up Form			\$	

<b>Funding Source Code</b>	<b>Match Code?</b>	<b>Funding Source Description</b>
01		<b>HOME FUNDS</b> - Direct or Deferred Loan
02		<b>HOME FUNDS</b> – Grant (per State HOME Regulation Section 8205 (b) (1).)
04		<b>HOME FUNDS</b> - CHDO/Tech. Assist. ( <b>Must have prior HOME Program Manager authorization</b> )
05		<b>HOME FUNDS</b> - CHDO - Seed Loan ( <b>Must have prior HOME Program Manager authorization</b> )
06		<b>HOME FUNDS</b> – Administration (State Recipients and CHDOs should both utilize this code for admin. CHDO’s should also use this code for Activity Delivery Costs and Other Project Related Soft Costs)
11		<b>HOME FUNDS</b> – Activity Delivery Costs (Only State Recipients should utilize this code.)
09		<b>Non-HOME FEDERAL FUNDS</b> - Other (Describe Source) e.g. HUD 202, 811 programs, RD loans, FmHA loans, CDBG
E.		<b>STATE FUNDS</b> - Other (Describe Source) e.g. CHFA administered School Bonds, CalHome
F.	Match	<b>STATE FUNDS - MATCH</b> - (Describe Source)
FN	Match	<b>STATE FUNDS - MATCH – NOT PART OF PROJECT TOTAL</b> (Describe Source)
G.		<b>STATE - Tax Exempt Bond Proceeds</b> e.g. CHFA or Rural Gold loans (not counted as Match)
H.	Match	<b>STATE - Tax Exempt Bond Proceeds – MATCH</b> e.g. CHFA or Rural Gold loans
HN	Match	<b>STATE - Tax Exempt Bond Proceeds – MATCH – NOT PART OF PROJECT TOTAL</b> e.g. CHFA or Rural Gold loans
J.		<b>LOCAL FUNDS - RDA</b> (not counted as Match)
K.	Match	<b>LOCAL FUNDS - RDA – MATCH</b>
KN	Match	<b>LOCAL FUNDS - RDA – MATCH – NOT PART OF PROJECT TOTAL</b>
P.		<b>LOCAL FUNDS - OTHER</b> (Describe Source) (not counted as Match)
Q.	Match	<b>LOCAL FUNDS - OTHER - MATCH</b> (Describe Source) e.g. Property tax welfare exemption or fee waivers
QN	Match	<b>LOCAL FUNDS - OTHER – MATCH – NOT PART OF PROJECT TOTAL</b> (Describe Source) e.g. Property tax welfare exemption or fee waivers
R.		<b>PRIVATE LOANS</b> - (Specify lender name) e.g. banks or mortgage companies.
S.		<b>OWNER/TENANT CONTRIBUTIONS</b> - (Includes TBRA tenant contribution and owner contributions only)
T.	Match	<b>OWNER/TENANT CONTRIBUTIONS - MATCH</b> - (Includes sweat equity and voluntary labor)
TN	Match	<b>OWNER/TENANT CONTRIBUTIONS - MATCH - NOT PART OF PROJECT TOTAL</b> (Includes sweat equity and voluntary labor)
U.		<b>PRIVATE GRANT</b> - (Describe Source) – private grants that do not qualify as match, e.g. charitable contributions
V.	Match	<b>PRIVATE GRANT - MATCH</b> (Describe Source) e.g. waived title company fees, or AHP

VN	Match	<b>PRIVATE GRANT - MATCH - NOT PART OF PROJECT TOTAL</b> (Describe Source) e.g. waived title company fees, or AHP
W		<b>NET Syndication Proceeds</b> – Investor/Limited Partners capital contributions from sale of Low-Income Tax Credits
X1		<b>LOW-INCOME TAX CREDITS - FEDERAL: NOT PART OF PROJECT TOTAL</b>
X2		<b>LOW-INCOME TAX CREDITS – STATE: NOT PART OF PROJECT TOTAL</b>
X3	Match	<b>LOW-INCOME TAX CREDITS –STATE - MATCH: NOT PART OF PROJECT TOTAL</b>
Y		<b>FUNDS FROM THE LOCAL HOME FUNDS INVESTMENT ACCOUNT.</b> i.e., HOME program income or recaptured funds"
Z.	Match	<b>HOME-LIKE MATCH:</b> MATCH for HOME-Like Activities. Part of project total.
ZN	Match	<b>HOME-LIKE MATCH:</b> MATCH for HOME-Like Activities. Not part of project total.



CHAPTER I

PROJECT COMPLETION REPORT

TIPS FOR FILLING OUT FORMS

The following are tips to help you complete required HUD and HCD forms. There are some changes in the way forms are completed due to the transition from the old Federal CMI system to the new IDIS system in November 1999. You may obtain any HOME forms (HOME-3, HOME-4, HOME-5 and HOME-6) on our website at <http://www.hcd.ca.gov/ca/home/fiscalindex.html>, or from your State HOME Program Representative. HUD forms can be ordered directly from HUD or printed from their website at <http://www.hudclips.org/cgi/index.cgi>. Contact your State HOME Program Representative if you have any additional questions.

1. The instructions for completing all HUD Forms are part of the form itself and are included in the appropriate Appendix with each form.
2. **HUD Project Completion Reports (Original Submission):** This form is used to complete your projects in IDIS. Write the State Standard Agreement number under which you are setting up the project in the upper right-hand corner of the form (e.g. 98-HOME-0234). This number can be found in the top right-hand corner of your State Standard Agreement (STD.2.) You will receive a copy of your Project Completion Report the HOME Program Fiscal Unit processes it.
3. **HUD Project Completion Reports (Revision):** This form is used to make changes to projects already completed in IDIS. Due to the transition from the old Federal CMI system to the new IDIS system, HCD and HUD have changed numbering systems.
  - a. If your project was set up in CMI (prior to 11/9/99), write the State Standard Agreement number, including the two-digit Project Suffix of the project you are revising in the upper right-hand corner of the form (e.g. 98-HOME-0234-01). This number can be found on either your copy of the Original Submission of the HUD Project Completion forms. Also, enter the CMI system generated 10-digit project number in Part A, Box 1 (e.g. 1234567890). This number can be found in Part A, Box 1 of the Original Submission of the HUD Completion Report Form. A copy of one of this form was mailed to you by the State after your Project Completion Report was processed.

## **TIPS FOR FILLING OUT FORMS**

(continued)

- b. If your Project was set up in IDIS (after 11/9/99) write the Grantee Activity Number in the upper right-hand corner of the form (e.g. M980234-01). Also, enter the HUD Activity Number in Part A. Box 1 of the HUD Set-Up Report (e.g. 5236). These numbers can be found on your copy of the original submission of the Project Completion report.
4. **HCD Addendum to Project Completion Report (HOME-6, 2/02):** This form should accompany the HUD Project Completion Form. Be sure you are using the most current version of this form as many of the funding source codes have changed.
5. Project Completion Report does not include a revised Project Funding Source Detail form when a revision has occurred to the other funding sources.

## **REFERENCES**

State HOME Regulations Sections 8200 thru 8220 provide that the Contractor shall comply with any terms and conditions which are necessary to comply with the HOME Investment Partnerships Program federal regulations (24 CFR Part 92).

OMB Management Circular A-87 establishes principles and standards for determining costs applicable to grants, contracts and other agreements with State and local governments.

OMB Management Circular A-84 promulgates standards for obtaining consistency and uniformity among federal agencies in the administration of grants to, and other agreements with, public and private institutions of higher education, public and private hospitals, and other quasi-public and private nonprofit organizations. This circular does not apply to grants, contracts, or other agreements between the federal government and units of State or local governments covered by OMB Circular A-87.

OMB Management Circular A-122 establishes principles for determining costs of grants, contracts and other agreements with nonprofit organizations. It does not apply to colleges and universities, which are covered by Circular A-21; State, local, and Federally recognized Indian tribal governments, which are covered by OMB Circular A-87; or

hospitals. The principles are designed to provide that the federal government bears its fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of cost sharing or matching on grants, contracts, or other agreements. However, such cost sharing or matching shall not be accomplished through arbitrary limitations on individual cost elements by federal agencies. Provisions for profit or other increment above cost is outside the scope of this Circular.

OMB Management Circular A-133 provides policy guidance to federal agencies for establishing uniform requirements for audits of awards provided to institutions of higher education and other nonprofit organizations. It promotes the efficient and effective use of audit services.

HOME Investment Partnerships Program Federal Regulations (24 CFR Part 92) provide the operating and implementing HOME Program regulations.

CHAPTER I  
REQUIRED RECORDKEEPING AND FILES

**SUMMARY OF KEY  
HOMEBUYER RULES  
AND HOW TO DOCUMENT**

<b>Subject</b>	<b>Eligible Participants</b>	<b>Documentation</b>
Income Eligibility	<input type="checkbox"/> Annual gross income $\leq$ 80% of area median income. <input type="checkbox"/> Eligibility is based on anticipated income during the next 12 months. <input type="checkbox"/> Income is defined by Section 8 annual income.	<input type="checkbox"/> Completed application in project file. <input type="checkbox"/> Source documentation (wage statements, interest statements, etc.) in project file.
Occupancy	<input type="checkbox"/> Applicant must purchase property and maintain it as his/her principal residence.	<input type="checkbox"/> Client must sign a clause on the application form certifying that the property is the principal residence.
Ownership of Property	<input type="checkbox"/> Applicant must obtain ownership of the property through: <ul style="list-style-type: none"> <li>&gt; fee simple title;</li> <li>&gt; 99-year leasehold interest</li> </ul>	<input type="checkbox"/> Title search documentation in project file. <input type="checkbox"/> Copy of deed or other ownership document in the project file.

Subject	Eligible Property	Documentation
Property Type	<input type="checkbox"/> Eligible property types include: > one- to four-unit property; > condominium unit; and > manufactured or mobile home	<input type="checkbox"/> If property has 2-4 units, indicate status of non-owner-occupied units in the application. <input type="checkbox"/> If non-owner units were assisted with HOME funds, provide agreement with homeowner regarding rental requirements and reference to the property's rental monitoring file.
Property Location	<input type="checkbox"/> Property must be located within geographic area of the State Recipient. If county is applicant, property must be located in unincorporated area of county.	<input type="checkbox"/> Application should show address.
HOME Minimum and Maximum Investment	<input type="checkbox"/> An average of a <u>minimum</u> of \$1,000 in HOME funds must be invested in each assisted unit. <input type="checkbox"/> The <u>maximum</u> HOME assistance per unit is the 221(d)(3) subsidy limits, published by HUD. <b>These subsidy limits are included as Appendix X.</b>	<input type="checkbox"/> Maintain records in project file demonstrating that the average per-unit HOME investment is at least \$1,000. <input type="checkbox"/> Maintain project records indicating total HOME subsidy did not exceed 221(d)(3) limits.
Property Value	<input type="checkbox"/> Acquisition only: Property sales price must not exceed 95% of the area median purchase price for that type of housing. <input type="checkbox"/> Acquisition & Rehabilitation: Value of property after rehabilitation may not exceed 95% of the area median purchase price for that type of housing. <u>To determine the area median purchase price:</u> > Use 203(b) limits (Appendix x) <b>or</b> > Establish local limits and obtain HUD approval.	<input type="checkbox"/> If using local purchase price limits, document data used to determine limits as well as evidence of HUD approval in program files. <input type="checkbox"/> Acquisition & Rehabilitation: Document method for determining after-rehabilitation value in the project file. Acceptable methods include: 1) an appraisal performed by a licensed fee appraiser; <b>or</b> 2) a tax assessment of a comparable, stand-alone property, if current and computed for 100% of the after-rehabilitation value. <input type="checkbox"/> Copy of sales price or value estimate in project file.
Property Standards	<input type="checkbox"/> <u>If acquisition only</u> , property must meet either local codes/standards or Section 8 Housing Quality Standards (HQS). <input type="checkbox"/> <u>If acquisition and rehabilitation</u> , property must be free of safety and health hazards prior to occupancy or within 6 months of property transfer, whichever is sooner. <input type="checkbox"/> <u>Also, if rehabilitation</u> , property must meet applicable codes (local codes / standards or one of 3 nationally accepted codes) within 2 years of transfer. <input type="checkbox"/> <u>New construction</u> must meet local codes/standards or one of the nationally accepted codes and the Model Energy Code.	<input type="checkbox"/> Document local code or model code used in program files. <input type="checkbox"/> Maintain written rehabilitation standards in program files. <input type="checkbox"/> Include inspection report or certification by inspector in project file. <input type="checkbox"/> Keep inspection checklist and work write-up in project file. <input type="checkbox"/> Checklist indicating compliance with Model Energy Code requirements for new construction projects in project file.
Eligible Activities	<input type="checkbox"/> Acquisition, new construction, and acquisition and rehabilitation	<input type="checkbox"/> Document all expenditures.

CHAPTER I  
REQUIRED RECORDKEEPING AND FILES

**SUMMARY OF KEY  
HOMEOWNER REHABILITATION RULES  
AND HOW TO DOCUMENT**

<b>Subject</b>	<b>Eligible Participants</b>	<b>Documentation</b>
Income Eligibility	<input type="checkbox"/> Annual gross income $\leq$ 80% of area median  <input type="checkbox"/> Eligibility is based on anticipated income during the next 12 months.  <input type="checkbox"/> Income is defined by Section 8 annual income	<input type="checkbox"/> Completed application in project file  <input type="checkbox"/> Source documentation (wage statements, interest statements, etc.) in project file
Occupancy	<input type="checkbox"/> Applicant must occupy unit as his/her principal residence.	<input type="checkbox"/> Applicant must sign a clause on the application form certifying that the property is the principal residence.
Ownership of Property	<input type="checkbox"/> Applicant must have ownership of the property through: <ul style="list-style-type: none"> <li>&gt; fee simple title;</li> <li>&gt; 99-year leasehold interest</li> </ul>	<input type="checkbox"/> Title search documentation in project file  <input type="checkbox"/> Copy of deed or other ownership document in the project file

Subject	Eligible Property	Documentation
Property Type	<input type="checkbox"/> Eligible property types include: <ul style="list-style-type: none"> <li>&gt; one-to-four-unit property;</li> <li>&gt; condominium unit; and</li> <li>&gt; manufactured or mobile home</li> </ul>	<input type="checkbox"/> If property is 2-4 units, indicate status of non-owner-occupied units in the application. <input type="checkbox"/> If non-owner units were assisted with HOME funds, provide agreement with homeowner regarding rental requirements and reference to the property's rental monitoring file.
Property Location	<input type="checkbox"/> Property must be located within geographic area of the State Recipient. If county is applicant, property must be in unincorporated area of county.	<input type="checkbox"/> Application should show address.
HOME Minimum and Maximum Thresholds	<input type="checkbox"/> A <u>minimum</u> of \$1,000 in HOME funds must be invested in each assisted unit. <input type="checkbox"/> The <u>maximum</u> HOME assistance per unit is the 221(d)(3) subsidy limits, published by HUD. <b>These subsidy limits are included as Appendix X.</b>	<input type="checkbox"/> Maintain records in project file demonstrating that the per-unit HOME investment was at least \$1,000. <input type="checkbox"/> Maintain records in the project file indicating total HOME subsidy did not exceed the 221(d)(3) limits.
Property Value	<input type="checkbox"/> Value of property after rehabilitation may not exceed 95% of the area median purchase price for that type of housing. <u>To determine the area median purchase price:</u> <ul style="list-style-type: none"> <li>&gt; Use 203(b) limits (Appendix x) <b>or</b></li> <li>&gt; Establish local limits and obtain HUD approval.</li> </ul>	<input type="checkbox"/> If using local value limits, document data used to determine limits as well as evidence of HUD approval in program files. <input type="checkbox"/> Document method for determining after-rehabilitation value in the project file. Acceptable methods include: <ol style="list-style-type: none"> <li>1) an appraisal performed by a licensed fee appraiser; <b>or</b></li> <li>2) a tax assessment of a comparable, standard property, if current and computed for 100% of the after-rehabilitation value.</li> </ol> <input type="checkbox"/> Copy of value estimate in project file.
Property Standards	<input type="checkbox"/> Property must meet applicable codes: <ul style="list-style-type: none"> <li>► local codes, rehabilitation standards, ordinances, and zoning ordinances</li> </ul> <u>or, in absence of a local code-</u> <ul style="list-style-type: none"> <li>► one of 3 nationally accepted codes/standards: <ol style="list-style-type: none"> <li>1) Uniform Building Code</li> <li>2) National Building Code</li> <li>3) Standard Building Code</li> </ol> </li> </ul>	<input type="checkbox"/> Document local code or model code used in program files. <input type="checkbox"/> Maintain written rehabilitation standards in program files. <input type="checkbox"/> Include inspection report or certification by inspector in project file. <input type="checkbox"/> Keep inspection checklist and work write-up in project file.
Eligible Activities	<input type="checkbox"/> Rehabilitation, Reconstruction	<input type="checkbox"/> Document all expenditures.